ZWANGER-PESIRI RADIOLOGY **●** 631-444-5544 **■** zprad.com PATIENT LAST NAME PATIENT FULL FIRST NAME CLINICAL INDICATIONS/SIGNS/SYMPTOMS (NOT RULE/OUT): \_ PHYSICIAN SIGNATURE (REOUIRED) PHYSICIAN NAME (PRINTED OR STAMPED) PHYSICIAN ADDRESS PATIENTS: Call to make an appointment of take a <u>cell phone photo</u> of this form and <u>text or email</u> it to rx@zprad.com Workers' Compensation Date of Accident: No Fault Date of Accident: Insurance company name and address: \_\_ Employer name & phone: Insurance company name and address: \_\_\_ Claim# or SS#: Adjuster: MRI CT **Mammography** ☐ Please schedule breast sonogram appointment if ☐ With Contrast ☐ Without Contrast ☐ With & Without Contrast ☐ 3T Wide-Bore ☐ 1.5T Wide-Bore needed based on the mammogram. ☐ Either 3T or 1.5T Wide-Bore ☐ Oral Contrast Only ☐ IV Contrast Only ☐ Oral & IV Contrast Screening With 3D Tomosynthesis CT Angiography Spine ☐ With & without contrast ☐ No contrast (no palpable finding or symptoms) ☐ Coronary artery CTA with calcium scoring ☐ Cervical ☐ Bilateral ☐ Right ☐ Left ☐ With I.V. sedation □Thoracic Screening (no palpable finding or symptoms) (needs contrast) Specify levels ☐ Bilateral ☐ Right ☐ Left Neuro/ENT/Spine MRA ☐ Chest CT/PE  $\square$  Brain ☐ Calcium scoring only ☐ Carotid MRA ☐ **Diagnostic** With 3D Tomosynthesis-Must select reason(s) ☐ Lumbar ☐ Orbits ☐ CT angiogram ☐ Intracran/circle of Willis ☐ Bilateral ☐ Right ☐ Left (needs contrast) ☐ Sacrum/coccyx ☐ Pituitary ☐ Intracran/MR venogram ☐ **Diagnostic** - Must select reason(s) □ Intracranial  $\square$  IAC Body ☐ MR venogram ☐ Bilateral ☐ Right ☐ Left ☐ Carotid ☐ Cervical spine Specify ☐ Stone hunt ☐ Aortic arch/thoracic ☐ Thoracic spine □NOVA aorta □ Hematuria ☐ Additional diagnostic views ☐ Lumbar spine ☐ Carotid ☐ Renal ☐ Chest only ☐ Short term follow up ☐ Sacrum/coccvx ☐ Aortic arch □ Lower extremity run off  $\square$  Soft tissues neck/chest/ ☐ New lump, mass or thickening ☐ CSF Flow ☐ Abdominal aorta only Neuro/ENT abdomen/pelvis ☐ Old lump or mass increased in size ☐ Renal arteries □Brain  $\square$  Soft tissues neck only ☐ New nipple discharge ☐ Perfusion ☐ Mesenteric arteries □ Orbits ☐ Chest/abdomen/pelvis ☐ New inverted nipple ☐ MR spectroscopy ☐ Aorta/lower extremities ☐ Temporal bones  $\square$  Skin changes (dimpling, redness or abnormal  $\Box TMJ$ ☐ Lung Cancer Screening ☐ Paranasal sinuses **Body & Chest** increase in breast size) ☐ Soft tissue neck/parotid ☐ Abdomen/pelvis ☐ Soft tissues neck ☐ Lymphadenopathy Abdomen □ Enterography Orthopedic Musculoskeletal ☐ Current use of Tamoxifen, Femara or Arimidex Specify ☐ Abdomen only □ Shoulder □ R □ L □Joint ☐ Pelvis ☐ Pelvis only Specify Ultrasound  $\square$  Upper arm  $\square$  R  $\square$  L  $\square$  Dynamic pelvis/ ☐ Triple phase liver ☐ Extremity □ Elbow  $\square$ R $\square$ L MR defogram Specify\_ □Breast Vascular Forearm  $\Box R \Box I$ ☐ Prostate □ Scanogram □ Bilateral □ R □ L ☐ Carotid doppler □Wrist  $\square$ R  $\square$ L □ Enterography □Thvroid ☐ Other \_ □Hand  $\Box$ R  $\Box$ L ☐ Venous doppler  $\square$  MRCP ☐ Scrotal/testicular ☐ Finger  $\square$ R $\square$ L ☐ Rectal MRI ☐ Lower extremity ☐ Transrectal prostate Specify\_ □ R □ L □ Bilateral ☐ Chest ■ Nuclear Medicine  $\Box R \Box L$ ☐ Pelvis (GYN) ☐ Pelvis ☐ Breast MRI ☐ Upper extremity □Hip  $\square$ R  $\square$ L ☐ Bone scan □ Thyroid □ Transabdominal  $\square$  Cardiac MRI ☐ R ☐ L ☐ Bilateral ☐ Function ☐ Viability ☐ Uptake & scan □Thigh  $\square$ R $\square$ L ☐ Add SPECT if □ Transvaginal ☐ Arterial doppler  $\square$ R $\square$ L ☐ I-131 treatment ☐ Knee ☐ Mediastinum needed ☐ Transabdominal / □ Lower leg □ R □ L Dose ☐ Lower extremity ☐ Brachial plexus ☐ Whole body Transvaginal ☐ HIDA/DISIDA □Ankle  $\Box R \Box I$ ☐ Clavicle/sc joint  $\square$ R  $\square$ L  $\square$ Bilateral ☐ 3 phase ☐ Hysterosonogram ☐ With cholecystokinin Foot  $\Box R \Box I$ ☐ Scapula ☐ Upper extremity ☐ Obstetrical ☐ Renal Region. □Toe  $\square$ R $\square$ L ☐ Sternum ☐ R ☐ L ☐ Bilateral ☐ With lasix washout □ Abdomen ☐ Cardiac ☐ Cartilage mapping ☐ Thoracic outlet □ DTPA ☐ Renal arterial doppler ☐ Aorta only ☐ Myocardial ☐ MR arthrogram  $\square$  Parathyroid Retroperitoneum perfusion stress Specify  $\square$  Other ☐ Gastric emptying study (Renal/Bladder) Patients can print registration forms online ☐ With treadmill/ ☐ Other \_ ☐ Other. **Digital X-RAY** exercise ■ Interventional Biopsy Skull □Shoulder  $\Box$ R  $\Box$ L ☐ With pharm. agent ☐ Orbits □ Humerus  $\square$ R  $\square$ L ☐ MUGA (gated ☐ Breast by stereotactic Lung ☐ Facial bones □Elbow  $\square$ R  $\square$ L blood pool) ☐ Breast by ultrasound Liver ☐ Nasal bones Forearm  $\Box$ R  $\Box$ L  $\square$  Sinuses Thyroid ☐ Other: □Wrist  $\square$ R  $\square$ L  $\square$  C spine PET/CT □ Hand  $\square$ R $\square$ L  $\Box$ T spine **■** Echocardiogram ☐ Fingers  $\Box R \Box I$ ☐ L spine ☐ Add CT intravenous contrast if needed □Hips  $\square$ R $\square$ L Sacrum PET/CT Auth#: ■ Fluoroscopy ☐ Femur  $\Box$ R  $\Box$ L ☐ Chest  $\Box$ R  $\Box$ L ☐ Knee ☐ F/U abdomen □ 78608 Brain PET ☐ Esophagram ☐ Lap band ☐Tibia/fibula  $\square$ R  $\square$ L ☐ KUB abdomen □ 78815 Base of skull to mid thigh □ UGI (includes esophagram) □ Hysterosalpingogram □Ankle  $\Box$ R  $\Box$ L ☐ Pelvis ☐ UGI & small bowel series ☐ Other: □ 78816 Top of head to toes (melanoma protocol)  $\Box R \Box I$ ☐ Foot ☐ Bone age ☐ 78816 NaF-18 bone metastasis (whole body) □Toes  $\square$ R $\square$ L ☐ Small bowel series only Ribs Other: DXA Bone Density □ Other

# ZWANGER-PESIRI RADIOLOGY EXAM PREPARATIONS

- Continue taking any prescription medications, which may be taken with a few sips of water prior to exam.
- Wear comfortable, loose clothing. Do not wear jewelry.
- Please be sure you have your prescription from the doctor, as well as your insurance card when you arrive for your appointment.

## MRI/MRA

★ If you are receiving IV CONTRAST for your exam, have nothing to eat 1 hour prior to your exam time. You may drink clear liquids (example: water, ginger ale, apple juice).

This exam may not be performed if you have a cardiac pacemaker, cerebral aneurysm clips or a metallic hearing implant. If you are a sheet metal worker or have ever had metal fragments in your eye(s), an orbit x-ray will be taken prior to your MRI exam. Wear comfortable loose fitting clothes, such as a sweatsuit. Be sure there are no metal zippers, snaps or buckles. Do not wear earrings, hairpins or jewelry. Do not apply eye shadow or mascara.

# **CT SCAN**

- ★ If you have a history of asthma, an allergy to iodine, or are currently taking medication for diabetes, please notify our staff.
- ★ If you are receiving IV CONTRAST or ORAL CONTRAST for your exam, have nothing to eat 1 hour prior to your exam time. You may drink clear liquids (example: water, ginger ale, apple juice). If you are receiving OMNIPAQUE ORAL CONTRAST, refer to the OMNIPAQUE ORAL CONTRAST PREP section below. If you are receiving REDI-CAT ORAL **CONTRAST,** please ask your Zwanger-Pesiri representative.

**Abdomen and Pelvis with or without contrast** - Nothing to eat or drink 1 hour prior to your exam time.

**All other exams with no contrast** - No preparation necessary.

CT Angiography - Follow instructions given at the time of scheduling.

# OMNIPAQUE ORAL CONTRAST PREP FOR CT SCAN OF ABDOMEN AND PELVIS

#### **★ DO NOT INGEST IF YOU HAVE A CONTRAST ALLERGY**

- Have nothing to eat 1 hour prior to your exam time.
- You may drink clear liquids (example: water, ginger ale, apple juice).
- Begin drinking the OMNIPAQUE prep 1 hour & 45 minutes before your exam. Finish 20-30 minutes before exam.
- Do not empty your bladder until after your exam.
- Pour HALF the contents of the OMNIPAQUE bottle into the 32 oz. cup given at the office.
- Fill the cup with water to approximately 1/2 inch from the top of the cup (approximately 30 oz).
- Stir well and drink.
- ② Discard the remaining contrast, cup, contrast bottle and straw after use.

# MRI/PET & PET/CT SCAN

Call your local Zwanger-Pesiri office to schedule an appointment and/or for exam preparations. MRI/PET: In addition, follow all precautions for MRI.

#### 3D & 2D DIGITAL MAMMOGRAPHY

Do not apply lotions, deodorant, perfume or powder on the day of the exam. Wear comfortable two piece clothing. Bring previous mammography studies for comparison.

## **DXA BONE DENSITOMETRY**

No calcium supplements or multi-vitamins 24 hours prior to exam.

## **SPECT NUCLEAR MEDICINE**

Call your local Zwanger-Pesiri office to schedule an appointment.

Thyroid Scan - Discontinue all thyroid medications and vitamins with iodine for at least 10 days prior to the exam.

**Bone Scan** - No preparation required.

**Liver Scan** - No preparation required.

# X-RAY / FLUOROSCOPY

Esophagram/Upper G.I. Series/Small Bowel Series - Have a light supper the night before the exam. Nothing to eat, drink, chew or smoke after 10:00 pm until after the exam is complete in the morning.

**Barium Enema (B.E.)** - Pick up prep kit at least two days prior to exam. IVP - The day before exam, drink 1 bottle of Citrate of Magnesia at 4:00 pm. Nothing to eat, drink, smoke or chew past 10:00 pm.

# **ULTRASOUND**

Aortic/Abdominal - Nothing to eat drink, chew or smoke for six hours prior to your exam.

Pelvic/Obstetrical - A full bladder is necessary for the exam. Have breakfast and/or lunch. Women: drink at least 32 oz. of water/Men: at least 16 oz. of water, finishing 1 hour prior to exam. Do not empty your bladder.

**Prostate** - Take a fleet enema at least one hour prior to the exam. Nothing to eat or drink after fleet enema.

Breast/Scrotal/Thyroid - No preparation required.

Color-Flow Doppler - No preparation required.

**Renal Arterial Study** - Nothing to eat, drink, chew or smoke for six hours prior to your exam. In addition, consult your physician before taking gas-X one hour before the exam.

Renal - 16 oz. glass of water one hour prior to study. Do not void.

