

PATIENT LAST NAME: \_\_\_\_\_ PATIENT FULL FIRST NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

CLINICAL INDICATIONS/SIGNS/SYMPTOMS (NOT RULE/OUT): \_\_\_\_\_ ICD-10: \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN SIGNATURE (REQUIRED)

**PATIENTS:** CALL TO MAKE AN APPOINTMENT TAKE A CELL PHONE PHOTO OF THIS FORM AND TEXT OR EMAIL IT TO RX@ZPRAD.COM



- Gary Snyder, MD
  - Alexander London, MD
  - Barak Greenfield, MD
  - Danny Meslemani, MD
  - Mary Paul, MD
  - Gina Revzin, P.A.
  - Alice A. Kufs, FNP-C
  - Other: \_\_\_\_\_
- 146A Manetto Hill Road • Plainview, NY 11803       1550 Deer Park Avenue • Suite 2 • Deer Park, NY 11729  
 2171 Jericho Tpke • Suite 205 • Commack, NY 11725       400 West Main Street • Babylon, NY 11702

## EAR, NOSE & THROAT IMAGING

<input type="checkbox"/> <b>CT</b> <input type="checkbox"/> With Contrast <input type="checkbox"/> Without Contrast <input type="checkbox"/> With & Without Contrast <input type="checkbox"/> Oral Contrast Only <input type="checkbox"/> IV Contrast Only <input type="checkbox"/> Oral & IV Contrast  <input type="checkbox"/> Sinuses - Routine <input type="checkbox"/> Sinuses - Quantitative Analysis <input type="checkbox"/> InstaTrak/ENtrak <input type="checkbox"/> Landmark <input type="checkbox"/> BrainLab <input type="checkbox"/> Stryker <input type="checkbox"/> ProtoMed <input type="checkbox"/> Other _____  <input type="checkbox"/> IAC <input type="checkbox"/> Mastoid <input type="checkbox"/> Parotid <input type="checkbox"/> Larynx <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Chest <input type="checkbox"/> Other _____	<input type="checkbox"/> <b>MRI</b> <input type="checkbox"/> With & Without Contrast <input type="checkbox"/> No Contrast <input type="checkbox"/> With I.V. Sedation <input type="checkbox"/> Brain and Posterior Fossa <input type="checkbox"/> Brain and IAC <input type="checkbox"/> Parotid <input type="checkbox"/> Neck Soft Tissues <input type="checkbox"/> Sinus <input type="checkbox"/> Other _____
<input type="checkbox"/> <b>Barium Swallow/Esophogram</b>	<input type="checkbox"/> <b>MRA</b> <input type="checkbox"/> With I.V. Sedation <input type="checkbox"/> Intracranial/Circle of Willis <input type="checkbox"/> Extra Cranial/Carotid
<input type="checkbox"/> <b>Nuclear Medicine Thyroid Scan</b>	<input type="checkbox"/> <b>Digital X-Ray</b> <input type="checkbox"/> Adenoids <input type="checkbox"/> Adenoids cross table lateral <input type="checkbox"/> Nasal Bones <input type="checkbox"/> Paranasal Sinus <input type="checkbox"/> Chest <input type="checkbox"/> Facial Bones <input type="checkbox"/> Other _____
<input type="checkbox"/> <b>Ultrasound</b> <input type="checkbox"/> Neck <input type="checkbox"/> Thyroid <input type="checkbox"/> Carotid Doppler	<input type="checkbox"/> <b>Other</b>

# 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. Drink should be finished within 15min from when you started.
- Do not empty your bladder until after your exam.

- 1 Pour HALF the contents of the OMNIPAQUE bottle into the 32 oz. cup given at the office.
- 2 Fill the cup with water to approximately 1/2 inch from the top of the cup (approximately 30 oz).
- 3 Stir well and drink.
- 4 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.

