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# South Plainfield Radiology, Corp.

***Patient's Name*** _____

***Appointment Date*** _____ ***Time*** _____

***Clinical History/Indications*** _____

*PROPER INSURANCE AUTHORIZATION MUST BE OBTAINED PRIOR TO YOUR VISIT*

***AUTH#*** _____

***ICD-9*** _____

***Referring Physician's Signature*** _____

## OPEN MRI & MRA

Acr Accredited

| | with & w/o | w/o |
|---|---|---|
| ☐ Brain MRI | ☐ | |
| ☐ Pituitary | ☐ | ☐ |
| ☐ IACs | ☐ | ☐ |
| ☐ Orbits | ☐ | ☐ |
| ☐ TMJs | ☐ | ☐ |
| ☐ Paranasal Sinuses | ☐ | ☐ |
| ☐ Neck | ☐ | ☐ |
| ☐ Chest | ☐ | ☐ |
| ☐ Abdomen | ☐ | ☐ |
| ☐ Peivis | ☐ | ☐ |
| ☐ C-Spine | ☐ | ☐ |
| ☐ T-Spine | ☐ | ☐ |
| ☐ L-Spine | ☐ | ☐ |
| ☐ Saccrum/Coccyx | ☐ | ☐ |

| | | | with & w/o | w/o |
|---|---|---|---|---|
| ☐ Elbow | ☐ R | ☐ L | ☐ | ☐ |
| ☐ Wrist | ☐ R | ☐ L | ☐ | ☐ |
| ☐ Hand | ☐ R | ☐ L | ☐ | ☐ |
| ☐ Ankle | ☐ R | ☐ L | ☐ | ☐ |
| ☐ Foot | ☐ R | ☐ L | ☐ | ☐ |
| ☐ Shoulder | ☐ R | ☐ L | ☐ | ☐ |
| ☐ Knee | ☐ R | ☐ L | ☐ | ☐ |
| ☐ Hip | ☐ R | ☐ L | ☐ | ☐ |

☐ Other: _____

## MR ANGIOGRAPHY

| | with & w/o | w/o |
|---|---|---|
| ☐ Brain | ☐ | ☐ |
| ☐ Neck | ☐ | ☐ |

## ULTRASOUND

☐ Abdomen
☐ Renal/Urinary Bladder/Abdomen
☐ Aorta/Abdominal/Renal
☐ Pelvis/Transabdominal
☐ Pelvis/Transvaginal
☐ Pregnancy
☐ OB Sono I Trimester
☐ OB Sono II Trimester
☐ OB Sono III Trimester
☐ Bio Physical Profile
☐ Breast
☐ Thyroid
☐ Prostate
☐ Testicular
☐ Renal
☐ IVC
☐ PVR
☐ ABI
☐ Segmental Pressure
☐ Others: _____

*** All Ultrasounds done with Color Doppler**

## MUSCULOSKELETAL/ ULTRASOUND

☐ Shoulder ☐ Knee
☐ Elbow ☐ Hip
☐ Hand/Wrist ☐ Foot/Ankle

## ECHOCARDIOGRAPHY

☐ Echocardiography & Velocity Mapping ☐ Color Doppler

## COLOR/DOPPLER

☐ Carotid ☐ L ☐ R
☐ Doppler: Duplex Carotid
☐ Doppler: Renal Artery
☐ Doppler: Venous Lower Ext
☐ B/L ☐ L ☐ R
☐ Doppler: Venous Upper Ext
☐ B/L ☐ L ☐ R
Doppler: Arterial Lower Ext
☐ B/L ☐ L ☐ R
☐ Doppler: Arterial Upper Ext
☐ B/L ☐ L ☐ R
☐ Others: _____
_____

## (DEXA)

☐ Bone Densitometry
☐ Standard Study

## GENERAL RADIO LOGY/XRAY

☐ Skull
☐ Orbits ☐ R ☐ L
☐ Facial Bones
☐ Nasal Bones
☐ Paranasal Sinuses
☐ Nasopharynx/Soft Neck Tissue
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine/Pelvis
☐ Peivis
☐ Sacrum/Coccyx
☐ SI Joints
☐ Shoulder ☐ R ☐ L
☐ Scapula ☐ R ☐ L
☐ Clavicle ☐ R ☐ L
☐ Chest PA/LAT
☐ Ribs ☐ R ☐ L
☐ Sternum
☐ Arm/Humerus ☐ R ☐ L
☐ Elbow ☐ R ☐ L
☐ Forearm ☐ R ☐ L
☐ Wrist ☐ R ☐ L
☐ Hand ☐ R ☐ L
☐ Finger ☐ R ☐ L
☐ Abdomen - KUB
☐ Hip ☐ R ☐ L
☐ Femur ☐ R ☐ L
☐ Knee ☐ R ☐ L
☐ Tibia/Fibula ☐ R ☐ L
☐ Ankle ☐ R ☐ L
☐ Heel/Calcaneous ☐ R ☐ L
☐ Foot ☐ R ☐ L
☐ Toe ☐ R ☐ L
☐ Skeletal Survey
☐ Scoliosis Series
☐ Other _____

**In preparation for your exam, wear comfortable clothing that does not contain metal fasteners and zippers. Do not wear jewelry, eye makeup or hair clips.**
**If you have any questions or concerns about our examples call our office before your scheduled appointment.**
**Please arrive 20 minutes early for your scheduled appointment and bring all Insurance cards and forms.**
**Please call South Plaifield Radiology to see if your test requires pre-authorization.**
**Do not stop regular oral medication. If you are diabetic using insulin, bring a light snack with you.**

☐ **MRI:** Indicate if you have a pacemaker, aneurysm clip or metal fragments in your body. South Plainfield Radiology uses an open MRI system for Patient comfort and to eliminate claustrophobia.

☐ **DEXA:** No Calcium Supplements 24 hours prior to testing.

☐ **ULTRASOUND**

☐ **Pregnancy Ultrasound:** from 1-6 months, drink 24 oz. of liquid; from 6-9 months, drink 16 oz. of liquid 1 hour before. DO NOT EMPTY BLADDER.

☐ **Pelvic Ultrasound:** One hour before appointment, drink at least 2-3 (8 ounce glasses) of water. DO NOT URINATE.

☐ **Abdominal Ultrasound:** Absolutely nothing to eat or drink 8 hours before exam.

☐ **ESOPHAGRAM, GI SERIES**

**SMALL BOWEL SERIES:** Nothing to eat or drink at least 8 hours before the examination (NPO).

☐ **IVP:** On day before appointment, have normal breakfast. At 10:00 AM - one (1) full bottle of citrate of magnesia. Liquid diet for the remainder of the day, no milk or milk products. May have clear soups, apple sauce, jello, black coffee, tea, soda & juices. Nothing to eat or drink after midnight (NPO).

☐ **BARIUM ENEMA:** Please call ADI for preparation.