

Weill Cornell Imaging at NewYork-Presbyterian

212.746.6000
646.962.0122 (fax)
www.WCINYP.com

Date: _____ Time: _____

Please Check Off Location

- 1305 York Avenue, 3rd Fl., New York, NY 10021
- 520 East 70th Street, New York, NY 10021
- 425 East 61st Street, 9th Fl., New York, NY 10065
- 416 East 55th Street, New York, NY 10022

***Required Information**

*Patient's Name _____
 *DOB _____ *NYPH No. _____
 *Referring Physician's Signature _____
 Physician's Name Printed _____
 Physician's Address _____
 Phone _____ Fax _____
 Patient History/Signs/Symptoms _____

Copies of exam requested by referring MD: _____ CD _____ Paper _____ None
 PRE-CERTIFICATION No. _____

***Patients: Please review exam preparation instructions on reverse side.**

Please immediately fax your prescription AND bring your prescription to your appointment.

MRI

- w/o contrast w/wo contrast
- contrast if indicated

- Head
- Orbits
- IAC
- Pituitary
- Soft Tissue Neck
- Nasopharynx
- TMJ

Spine:

- Cervical Thoracic Lumbar
- Brachial Plexus
- Cardiac Adenosine Perfusion
- Chest
- Abdomen MRCP
- Pelvis
- Enterography
- Prostate (Endorectal)
- MRI-guided Biopsy (at 55th St. ONLY)
- Breast Right Left
- Shoulder Right Left
- Hip Right Left
- Knee Right Left
- Ankle Right Left
- Foot Right Left
- Other _____

MR ANGIOGRAPHY

- w/o contrast w/wo contrast
- contrast if indicated

- Thoracic
- Head
- Neck (Carotids)
- Abdomen
- Extremities Lower Upper
- Pelvis
- Venogram, Head (MRV)
- Other _____

FLUOROSCOPY (at 520 East 70th St. ONLY)

- Enema
- Upper GI
- Esophagram
- Video Esophagram
- Tube Study
- Hysterosalpingogram
- Other _____

PET/CT TUMOR IMAGING (at 1305 York Ave. ONLY)

- Skull base to mid-thigh (most tumor types)
- Whole Body Tumor Imaging (Vertex of Skull to Feet)
Tumors with suspicion of involvement of scalp, skull, brain or lower extremity
- Limited Area PET/CT (specify) _____

PET/CT BRAIN IMAGING

- Dementia Seizure Tumor
- Other _____

ULTRASOUND

- Abdominal
- Gallbladder
- Pelvis Transabdominal and Transvaginal
- Pelvis Transabdominal
- Pelvis Transvaginal
- Renal
- Scrotal
- Thyroid
- Carotid
- Aorta
- Hysterosonography (at 425 East 61st St. ONLY)
- Soft Tissue _____
- Other _____

VENOUS DOPPLER

- Upper Extremity Right Left Bilateral
- Lower Extremity Right Left Bilateral
- Other _____

BONE DENSITOMETRY

- Hip and Lumbar Spine
- Hip
- Lumbar Spine Other _____
- Appendicular Skeleton

BREAST IMAGING (at 425 East 61st St. ONLY)

- Bilateral Screening Ultrasound if needed
- Bilateral Diagnostic Ultrasound if needed
- Unilateral Diagnostic Ultrasound if needed
- Right Left
- Stereotactic Breast Biopsy Right Left
- Ductograms Right Left
- Breast Ultrasound Right Left
- Bilateral
- Ultrasound-guided Fine Needle Aspiration Right Left
- Ultrasound-guided core Biopsy Right Left
- Other _____

COMPUTED TOMOGRAPHY (CT)

- w/contrast w/o contrast
- w/wo contrast 3D Reconstruction
- contrast if indicated

- Head
- Sinuses Instatrac
- Orbits
- Facial Bones
- Temporal Bone

Spine:

- Cervical Thoracic Lumbar
- Neck
- Nasopharynx
- Chest
- Abdomen and Pelvis
- Abdomen
- Pelvis
- Lung Screening
- Extremity Specify _____
- Other _____

CT ANGIOGRAPHY

- Pulmonary Embolism Study
- Cardiac
- Head
- Neck
- Chest
- Abdomen
- Pelvis
- Lower Extremities
- Other _____

SPECIALTY CT

- Cardiac Score
- Colonography ("Virtual Colonoscopy")
- Enterography
- Other _____

GENERAL X-RAY (No Appointment Needed)

- Chest # of views _____
- Sinuses
- Spine Cervical Thoracic Lumbar
- Abdomen Series KUB
- Ribs Right Left Bilateral
- Pelvis
- Extremity Specify _____
- Osseous Survey
- Other _____

INSTRUCTIONS TO PATIENTS

If you are pregnant or may be pregnant, please notify the technologist before the exam.

For All Radiology Exams

- A prescription slip from your referring physician is required for all tests.
- Consult your insurance company for any inquiries regarding referrals and precertifications.
- Arrive approximately 15 minutes prior to appointment for registration and check-in.
- Notify staff ahead of time if you may be pregnant or on a fertility protocol.

Bone Density

- No nuclear scans or IV contrast studies for at least 72 hours prior to exam.
- No calcium supplements or osteoporosis medication on the day of exam.

CT Scan

- For **intravenous** and/or **oral contrast** patients, NO eating or drinking of any liquids four (4) hours prior to the scheduled exam.
- If the study requires **intravenous contrast**, you will receive an injection of X-ray dye at the time of the exam.
- If the study requires **oral contrast**, you will drink oral contrast approximately two (2) hours prior to the scheduled exam.
- It is recommended that BUN and creatinine blood levels be obtained by your primary care physician and the results be forwarded to **Weill Cornell Imaging** prior to exam (lab work must be done within one (1) week of CT scan).
- For **diabetic patients** on oral hypoglycemics such as glucophage, you should stop these agents for 48 hours after the CT scan if you received intravenous contrast.
- **CT Colonography (Virtual Colonoscopy)**: Patients should follow the instructions regarding fasting (NO FOOD), clear fluids and the bowel cleansing prep prescribed by their doctor. It is important that the patient follow his/her doctor's instructions before the exam.
- **CT Abdomen with Oral Contrast**: Patients should arrive one (1) hour prior to exam time.
- **CT Abdomen & Pelvis with Oral Contrast**: Patients should arrive two (2) hours prior to exam time.

General Radiology (i.e. chest and abdomen X-rays)

- No preparation required.

MRI Scan

- Inform your physician and the MRI Staff if you have any **METAL** in your body.
- MRI of the Abdomen: NO food or liquids four (4) hours prior to the MRI exam.
MRI of the Pelvis: NO food or liquids after midnight the night prior to the exam.
If you are diabetic, please inform scheduler when making appointment. You may have a light meal (tea and toast) before the exam and you may bring a snack with you should you require food while in the office.
- You **CANNOT** have an MRI if you have a **CARDIAC PACEMAKER**.

PET/CT Scan

- No food four (4) hours prior to PET/CT
- Do not chew gum of any kind four (4) hours prior to PET/CT.
- No sugar-containing drinks four (4) hours prior to PET/CT. Do not drink sodas, fruit juices, shakes of any kind; No iced tea, coffee or tea if they contain sugar. Patient may drink water.
- Diabetic Patients: Blood sugar levels should be under control before arrival for PET/CT scan. Please inform appointment desk of your diabetes in order to coordinate medication and diet prior to exam.

Ultrasound

- **Abdomen**—NO food or liquids six (6) hours prior to exam time. **Morning appointments are preferred.** If medication must be taken on the day of the exam, patient may do so with water only.
- **Pelvic**: Upon arrival in the office, drink two (2) **8-ounce** glasses of water. Once the patient drinks the water, **the patient should not empty (void) their bladder** until after the exam.
- **Renal with Abdomen**, follow **Ultrasound Abdomen** preparation (see above).

Mammography

- Do not use deodorant, talcum powder, lotion or oils on the day of your visit.
- Notify the staff ahead of time if you have breast implants.