

212.746.6000

646.962.0122 (fax)

www.WCINYP.com

Locations

- 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
- 2315 Broadway, 4th Fl., New York, NY 10024

Appointment

Date: _____ Time: _____ AM PM

*Patients: Please review exam prep instructions on reverse side

*Required Information

*Patient's Name _____

*DOB _____ NYPH / MRN No. _____

*Referring Physician's Signature _____

*Physician's Name Printed _____

Physician's Address _____

Phone _____ Fax _____

*Patient History/Signs/Symptoms _____

STAT Read: Call _____

*Results information (Physician's Office use):

Send Images: on CD on Paper

Give patient CD of images

Give patient Film (XRAY only)

*Reports are mailed/faxed automatically
Call to obtain a log-in for our electronic portal

Insurance: _____

Insurance ID No. _____

Pre-certification No. _____

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

MRI (1.5T / 3T)

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

- Head Orbits IAC
- Pituitary Soft Tissue Neck
- Nasopharynx TMJ
- T2 *(Iron Overload)
 - Abdomen Heart
- Spine: Cervical Thoracic Lumbar
- Brachial Plexus
- Cardiac Adenosine Perfusion
- Chest
- Abdomen MRCP
- Pelvis
- Enterography Defecography
- Prostate (Endorectal)
- MRI-guided Biopsy (at 55th St. ONLY)
- Breast (With 3D reconstruction)
 - Right Left Bilateral
- Shoulder Right Left Bilateral
- Hip Right Left Bilateral
- Knee Right Left Bilateral
- Ankle Right Left Bilateral
- Foot Right Left Bilateral
- Other _____

MR ANGIOGRAPHY

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

- Thoracic Head
- Neck (Carotids) Abdomen Pelvis
- Extremities Lower Upper
- Perforator Flap (PFA):
 - Abdomen/ Pelvis Pelvis/ Lower Extremity
 - Lower Extremity Chest
- Other _____

MR VENOGRAPHY

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

- Head Abdomen Pelvis
- Extremities Lower Upper
- Other _____

FLUOROSCOPY (at 520 East 70th St. ONLY)

- Esophagram Modified Barium Swallow
- Upper GI Upper GI w/ Small Bowel
- Small Bowel Enema
- Cystogram
- Voiding Cystourethrogram (VCUG)
- Tube Study 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 _____

PET/CT BONE ¹⁸F-Sodium Fluoride (NaF) ^{NEW}

- Whole Body Bone NaF PET/CT

ULTRASOUND

- Abdominal
 - Complete
 - Limited (e.g., RUQ, LUQ, Ascites, Spleen, Appendix, Hernia)
- Pelvis Transabdominal and Transvaginal
- Pelvis Transabdominal
- Pelvis Transvaginal
- Bladder
- Renal Right Left Bilateral
- Renal/Retroperitoneal Limited (r/o R.A.S.)
- Renal Transplant
- Scrotal Thyroid Carotid Aorta
- Hysterosonography (at 425 East 61st St. ONLY)
- Soft Tissue (e.g. neck, lipoma, palpable mass)
- Extremities Non-vascular
 - Lower (e.g. baker's cyst) Upper Rt Lt
- Lower Ext Arterial (for pseudoaneurysm) Rt Lt
- Other _____

VENOUS DOPPLER (r/o DVT)

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

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 _____

CT SCAN

- w/contrast w/o contrast
- w/wo contrast 3D Reconstruction
- contrast if indicated
- Head Temporal Bone
- Sinuses Instatrac
- Orbits Facial Bones
- TMJ for Prostheses Fitting
- Dental Scan
 - Maxilla Mandible
- Spine: Cervical Thoracic Lumbar
- Neck Nasopharynx
- Chest Abdomen and Pelvis
- Abdomen
- Pelvis
- Extremity Specify _____
- Other _____

CT ANGIOGRAPHY

- Cardiac with score without score
- Head Neck
- Chest Abdomen Pelvis
- Lower Extremities
- Other _____

SPECIALTY CT

- Cardiac Score Only
- Colonography ("Virtual Colonoscopy")
 - Screening
 - Diagnostic (at 520 East 70th St.)
- Enterography Urogram
- Pulmonary Embolism Study
- Lung Screening
- Other _____

GENERAL X-RAY (No Appointment Needed)

- Chest # of views _____
- Cervical Spine Thoracic Spine
- Lumbar Spine Sacrum/Coccyx
- Scoliosis Series
- Abdomen Series KUB
- Ribs Right Left Bilateral
- Pelvis Osseous Survey
- Extremity: _____ Right Left Bilateral
 - _____ Right Left Bilateral
- Other _____

BONE DENSITOMETRY (DEXA)

- Hip and Lumbar Spine
- Hip Appendicular Skeleton
- Lumbar Spine 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).
- **Diabetic Patients:** If 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.
- **Abdomen:** No food or liquids four (4) hours prior to the MRI exam.
- **Pelvis:** No food or liquids after midnight the night prior to the exam.
- **Diabetic Patients:** 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.

Fluoroscopy

- **Esophagram / Video Esophagram / Small Bowl / Upper GI:** No food or liquids six (6) hours prior to the exam time, for any of the following exams
- **Enema:** Please contact us for preparation information at 212-746-6000.