

Patient Information

*Required Information

*Patient Name _____ *DOB _____ NYPH / MRN _____

*Signs and Symptoms/ICD-10 Codes _____

Appointment Information

Patients: Please review exam preparation instructions on reverse side

Exam Date _____ Exam Time _____ Pre-Authorization / DSN No. _____

Location: ☐ 1305 York Ave ☐ 1283 York Ave ☐ 520 E 70th St ☐ 425 E 61st St ☐ 416 E 55th St ☐ 2315 Broadway ☐ 53 Beekman St

Physician Information

Please fax completed form to 646.962.0122

*Referring Physician Name _____ Phone _____

Referring Physician Address _____ Fax _____

*Referring Physician Signature _____ NPI _____

STAT Read: ☐ call (_____) _____ ☐ report | Send CD of images: ☐ to office ☐ with patient ☐ report only *Reports are mailed/faxed automatically*

MRI

- ☐ w/o contrast ☐ w/wo contrast
☐ 3D Recon. ☐ Arthrography (MSK exams)
☐ Radiologist may change contrast order if clinically indicated

- ☐ Brain
☐ Orbits
☐ IAC
☐ Pituitary
☐ TMJ
☐ Soft Tissue Neck
☐ Nasopharynx
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ T2- Iron Overload
☐ Abdomen ☐ Heart
☐ Cardiac
☐ Adenosine Perfusion
☐ Chest
☐ Breast
☐ Abdomen
☐ Elastography
☐ Brachial Plexus
☐ MRCP
☐ with Secretin / CCK
☐ Pelvis
☐ Enterography
☐ Defecography
☐ Prostate
☐ Shoulder ☐ Right ☐ Left
☐ Hip ☐ Right ☐ Left
☐ Knee ☐ Right ☐ Left
☐ Ankle ☐ Right ☐ Left
☐ Foot ☐ Right ☐ Left

☐ Other _____

MR ANGIOGRAPHY

- ☐ Head
☐ Neck (Carotid)
☐ Chest
☐ Abdomen
☐ Pelvis
☐ Extremities
☐ Lower ☐ Upper
☐ Perforated Flap (PFA)
☐ Abdomen / Pelvis
☐ Pelvis / Lower Extremity

☐ Other _____

MR VENOGRAPHY

- ☐ Head
☐ Abdomen
☐ Pelvis
☐ Extremities
☐ Lower ☐ Upper
☐ Other _____

CT

- ☐ w/ contrast ☐ w/wo contrast
☐ w/o contrast ☐ 3D Recon.
☐ Radiologist may change contrast order if clinically indicated

- ☐ Head
☐ Sinuses
☐ Orbits
☐ Temporal Bone
☐ Facial Bones
☐ Nasopharynx
☐ TMJ for Prostheses Fitting
☐ Neck
☐ Chest
☐ Lung Screening
☐ Pulmonary Embolism Study
☐ Cardiac
☐ Congenital ☐ PVI ☐ Non-coronary
☐ Calcium Scoring Only
☐ Abdomen and Pelvis
☐ Abdomen Only
☐ Pelvis Only
☐ Enterography
☐ Urogram
☐ Colonography (Virtual Colonoscopy)
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine

☐ Extremity _____☐ Other _____

CT ANGIOGRAPHY

- ☐ Cardiac
☐ w/ Calcium Score ☐ TAVR
☐ Add FFR_{CT} if indicated
☐ Head ☐ Neck
☐ Chest ☐ Abdomen ☐ Pelvis

☐ Lower Extremity _____☐ Other _____

PET/CT

- ☐ Skull Base to Mid-Thigh
☐ with Vertex
☐ Whole Body (top of head to toes)
☐ Melanoma or Multiple Myeloma
☐ Other indication _____

- ☐ Brain
☐ Dementia ☐ Seizure ☐ Tumor
☐ Other indication _____

☐ Limited Area PET/CT

(specify) _____

- ☐ Cardiac
☐ Sarcoid/Inflammation ☐ Rest/Stress

☐ Other _____

PET/MRI

Specify both PET and MRI below:

PET

- ☐ Brain [78608]
☐ Skull Base to Mid-Thigh [78812]
☐ Whole Body (top of head to toes) [78813]

MRI

- ☐ w/o contrast ☐ w/wo contrast
☐ Radiologist may change contrast order if clinically indicated

- ☐ Brain
☐ Orbit, Face and/or Neck
☐ Abdomen
☐ Pelvis
☐ Breast
☐ Other _____

ULTRASOUND

- ☐ add Doppler if indicated

- ☐ Abdominal
☐ Complete
☐ Limited (e.g. RUQ, LUQ, Ascites, Spleen, Appendix, Hernia)
☐ Pelvic Transabdominal
☐ Add transvaginal if indicated
☐ Pelvic Transvaginal
☐ Obstetrics (<14 weeks)
☐ Infant Hips
☐ Infant Head
☐ Bladder
☐ Renal
☐ Renal (for Renal Artery Stenosis)
☐ Renal Transplant
☐ Liver Transplant
☐ Scrotal (with Doppler)
☐ Thyroid
☐ Aorta
☐ Screening
☐ Diagnostic
☐ Hysterosonography
☐ Soft Tissue
(e.g. neck, lymph nodes, palpable mass)
☐ Extremities Non-vascular (MSK)
☐ Upper ☐ Lower (e.g. Baker's cyst)
☐ Right ☐ Left

☐ Other _____

VASCULAR

- ☐ Carotid
☐ Venous Doppler (r/o DVT)
☐ Lower Extremity ☐ Upper Extremity
☐ Right ☐ Left ☐ Bilateral

☐ Other _____

BREAST IMAGING

- ☐ Radiologist may complete workup as clinically indicated

- ☐ Screening Mammography
Includes 3D Tomosynthesis
☐ Diagnostic Mammography
☐ Bilateral ☐ Right ☐ Left
☐ Breast Ultrasound
☐ Bilateral ☐ Right ☐ Left
☐ Stereotactic Breast Biopsy
☐ Right ☐ Left
☐ Ductograms
☐ Right ☐ Left
☐ MRI-guided Biopsy
☐ Right ☐ Left
☐ Ultrasound-guided FNA
☐ Right ☐ Left
☐ Ultrasound-guided Core Biopsy
☐ Right ☐ Left
☐ Other _____

BONE DENSITY (DEXA)

- ☐ Hip and/or Lumbar Spine
☐ FRAX ☐ Trabecular Bone Score
☐ Vertebral Fracture Assessment
☐ Appendicular Skeleton
☐ Body Composition
☐ Other _____

GENERAL X-RAY

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

☐ Other _____

FLUOROSCOPY

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

Patient Checklist

If you are pregnant, may be pregnant, or on a fertility protocol, please notify the technologist before the exam.

- ☐ Bring this prescription form to your appointment
- ☐ Consult your insurance company for any inquiries regarding referrals and pre-authorizations
- ☐ Bring prior outside CD images to your exam for comparison
- ☐ Bring your insurance card to your appointment (copays are collected at the time of service)

Weill Cornell Imaging at NewYork-Presbyterian Locations



- ☐ 1 **1305 York Ave**, 3rd Floor, NY, NY 10021 (70th St)
- ☐ 2 **1283 York Ave**, 7th Floor, NY, NY 10065 (69th St)
- ☐ 3 **520 East 70th St**, Starr Pavilion, Floor 0, NY, NY 10021
- ☐ 4 **425 East 61st St**, 9th Floor, NY, NY 10065
- ☐ 5 **416 East 55th St**, Ground Floor, NY, NY 10022
- ☐ 6 **2315 Broadway**, 4th Floor, NY, NY 10024 (84th St)
- ☐ 7 **53 Beekman St**, Ground Floor, NY, NY 10038

Exam Preparations

BONE DENSITY

- You may take calcium supplements and medications as prescribed.
- If coordinating with nuclear scans or IV contrast exams, the bone density scan must be done first.

CT

- Intravenous (IV) Contrast and Oral Contrast exams:**
 - IV Contrast:** You will receive an injection of Iodine-based dye at the time of the exam.
 - Oral Contrast:** You will be given oral contrast to drink 90 minutes prior to the exam. Length of stay is a minimum of 2 hours.
- Abdomen with Oral Contrast:** Length of stay is a minimum of 1.5 hours (2 hours for Abdomen and Pelvis with Oral Contrast).
- Enterography:** No food or liquids 4 hours prior to the exam.
- Cardiac CTA:** No Phosphodiesterase Type 5 Inhibitor such as VIAGRA®, CIALIS®, LEVITRA®, etc.) for 2 days prior to the exam.
- Colonography (Virtual Colonoscopy):** Carefully follow the instructions regarding fasting, clear fluids and the bowel cleansing prep prescribed by your physician. You must pick up prep at Weill Cornell Imaging, at least 2 days prior to the exam. No food or liquids 4 hours prior to the exam.
- Patients with Diabetes or Decreased Kidney Function:** It is recommended that BUN and creatinine blood levels be obtained by your physician and results be forwarded to Weill Cornell Imaging prior to the exam (lab work must be done within 2 weeks of exam).
- Diabetic Patients:** If on an oral hypoglycemic such as Glucophage®, you should stop these agents for 48 hours after the exam if IV contrast was received.

FLUOROSCOPY

- Esophagram, Small Bowl, and Upper GI:** No food or liquids 8 hours prior to the exam.
- Modified Barium Swallow, Enema:** Fasting requirements vary. Contact us for preparation information.

MAMMOGRAPHY

- Do not use deodorant, talcum powder, lotion or oils on day of exam.
- Notify the staff ahead of time if you have breast implants.
- Send prior outside films for comparison prior to appointment. For questions, please call **646.962.9617**.

MRI

- METAL Implants:** Inform your referring physician and the MRI staff if you have any metal in your body including a CARDIAC PACEMAKER.
- Abdomen:** No food or liquids 2 hours prior to the exam.
- Pelvis:** No food or liquids 2 hours prior to the exam. For gynecologic related exams, no food or liquids 6 hours prior to the exam.
- Head/Orbits/Neck/Face:** Avoid wearing any eye make-up or mascara during the exam.
- Patients with Decreased Kidney Function:** Inform the MRI staff at the time of visit.
- Diabetic Patients:** Inform scheduler when making appointment in order to coordinate medication and diet prior to the exam. You may have a light meal (tea and toast) before the exam and may bring a snack with you.

PET/CT and PET/MRI

- No food 4 hours prior to the exam (no insulin during this time).
- Do not eat candy or chew gum 4 hours prior to the exam.
- No sugar-containing drinks 4 hours prior to exam. Do not drink sodas, juices, shakes of any kind; no iced tea, coffee or tea if they contain sugar. You may drink water.
- No exercise for 24 hours prior to the exam.
- Length of stay is a minimum of 2.5 hours.
- Diabetic Patients:** Inform scheduler when making appointment in order to coordinate medication and diet prior to the exam. Blood sugar levels should be under control prior to the exam.

ULTRASOUND

- Abdomen:** No food or liquids 6 hours prior to the exam. You may have water, and coffee or tea without milk or sugar. Morning appointments are preferred. If medication must be taken on the day of the exam, you may do so with water only.
- Pelvic and Renal:** You should arrive with a full bladder (32 oz. of water is suggested), except for pelvic transvaginal and renal transplant exams. You should not urinate prior to the exam.
- Renal with Abdomen:** Follow Abdomen preparation above.