

Patient Information

*Required Information

*Patient Name _____ *DOB _____ NYPH / MRN _____
Insurance _____ ID No. _____ Pre-Authorization No. _____
*Clinical History/ICD-10 Codes _____

Appointment Information

Patients: Please review exam preparation instructions on reverse side

Exam Date _____ Exam Time _____
Locations: 1305 York Avenue, 3rd Floor 1283 York Avenue, 7th Floor 520 East 70th Street, Starr Pavilion
 425 East 61st Street, 9th Floor 416 East 55th Street 2315 Broadway, 4th Floor 53 Beekman Street

Physician Information

*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 (3T / 1.5T / Wide Bore)

w/o contrast w/wo contrast
 contrast if indicated 3D Recon.
 Arthrography (MSK exams only)

- 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 (with 3D Recon.)
- Abdomen
- 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

w/o contrast w/wo contrast
 contrast if indicated

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

MR VENOGRAPHY

w/o contrast w/wo contrast
 contrast if indicated

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

CT

w/ contrast w/wo contrast
 w/o contrast 3D Recon.
 contrast if 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)
 Screening Diagnostic
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Extremity _____
- Other _____

CT ANGIOGRAPHY

- Cardiac
 Coronary TAVR w/ Calcium Score
- Head Neck
- Chest Abdomen Pelvis
- Lower Extremity _____
- Other _____

PET/CT

Number of PET exam for this diagnosis:
 1st 2nd 3rd 4th

- Skull Base to Mid-Thigh with Vertex
- Whole Body (top of head to toes)
 NaF-18 Bone Metastasis
 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

Number of PET exam for this diagnosis:
 1st 2nd 3rd 4th

Specify both PET and MRI below:

PET

- Brain [78808]
- Skull Base to Mid-Thigh [78812]
- Whole Body (top of head to toes) [78813]

MRI

w/o contrast w/wo contrast
 contrast if 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

- Screening Mammography
Includes 3D Tomosynthesis
 Bilateral Right Left
 Ultrasound if indicated
- Diagnostic Mammography
 Bilateral Right Left
 Ultrasound if indicated
- 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
Optional:
 FRAX Trabecular Bone Score
 Vertebral Fracture Assessment
- Appendicular Skeleton
- Body Composition

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)

Locations



- 1 **1305 York Ave**, 3rd Floor, New York, NY 10021 (70th St)
- 2 **1283 York Ave**, 7th Floor, New York, NY 10065 (69th St)
- 3 **520 East 70th St**, Starr Pavilion, New York, NY 10021
- 4 **425 East 61st St**, 9th Floor, New York, NY 10065
- 5 **416 East 55th St**, New York, NY 10022
- 6 **2315 Broadway**, 4th Floor, New York, NY 10024 (84th St)
- 7 **53 Beekman St**, New York, 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 exam. Please plan to stay a minimum of 2 hours.
- CT Abdomen with Oral Contrast:** Please plan to stay a minimum of 1.5 hours.
- CT Abdomen and Pelvis with Oral Contrast:** Please plan to stay a minimum of 2 hours.
- CT Enterography:** No food or liquids 4 hours prior to the exam.
- CT Colonography (Virtual Colonoscopy):** Please follow the instructions regarding fasting (NO FOOD), clear fluids and the bowel cleansing prep prescribed by your doctor. It is important that you follow your doctor's instructions carefully. You must pick up prep at 1305 York Ave, 3rd floor, at least 2 days prior to exam. No food or liquids 4 hours prior to the exam.
- If Patient has Diabetes or Decreased Kidney Function:** 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 2 weeks of CT scan).
- Diabetic Patients:** If on an oral hypoglycemic such as Glucophage, you should stop these agents for 48 hours after the CT scan if IV contrast was received.

FLUOROSCOPY

- Esophagram, Small Bowl, and Upper GI:** No food or liquids 8 hours prior to the exam time.
- Modified Barium Swallow, Enema:** Fasting requirements vary. Please 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.
- Please send prior outside films for comparison prior to scheduled appointment.

MRI

- METAL Implants:** Please inform 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.
- If Patient has Diabetes or Decreased Kidney Function:** 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 2 weeks of MRI scan).
- Diabetic Patients:** Please inform scheduler when making appointment in order to coordinate medication and diet prior to 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.
- Diabetic Patients:** Please inform scheduler when making appointment in order to coordinate medication and diet prior to exam. Blood sugar levels should be under control prior to exam.
- Length of stay:** Please plan to stay a minimum of 2.5 hours.

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/empty your bladder before the exam.
- Renal with Abdomen:** Follow Ultrasound Abdomen preparation (see above).