Weill Cornell Imaging

NewYork-Presbyterian | Weill Cornell Medicine

WCINYP Access Center: 212-746-6000
Fax: 646-962-0122
wcinyp.org

Patient Information

Patient Name _____ DOB _____ NYP MRN _____

Signs and Symptoms / ICD -10 Codes _____

Appointment Information

Patients: Please review exam preparation instructions on reverse side

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

Location: ☐ 1305 York ☐ 1283 York ☐ 520 E 70th ☐ 425 E 61st ☐ 416 E 55th ☐ 2315 Broadway ☐ 504 W 35th ☐ 53 Beekman ☐ 28-25 Jackson

Prior Studies? ☐ Yes ☐ No ***Please share comparison studies prior to appointment (see reverse side)***

Referring Physician Information

Want electronic results and images? Email wcinyp-liaison@med.cornell.edu

Physician Name _____ NPI _____

Physician Address _____ Phone _____ Fax _____

Physician Signature _____ STAT Read: ☐ call _____

MRI

☐ w/o contrast ☐ w/wo contrast
☐ 3D Recon. ☐ Arthrography
☐ 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
☐ 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 _____

EOS

☐ Whole Body (AP + Lat)
☐ Lower Extremity (AP only)
☐ Scoliosis (AP + Lat)
☐ 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
☐ TAVR ☐ PVI ☐ Non-coronary
☐ Calcium Scoring Only ☐ Congenital
☐ Abdomen and Pelvis
☐ Abdomen Only
☐ Pelvis Only
☐ Enterography
☐ Urogram
☐ Colonography (Virtual Colonoscopy)
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Extremity _____
☐ Other _____

CT ANGIOGRAPHY

☐ Head
☐ Neck
☐ Chest
☐ Cardiac
☐ w/ Calcium Score ☐ TAVR
☐ Add FFR_{CT} if indicated
☐ Abdomen
☐ Pelvis
☐ Lower Extremity _____
☐ Other _____

BONE DENSITY (DEXA)

☐ Bone Densitometry
Includes Trabecular Bone Score
☐ Vertebral Fracture Assessment
☐ Body Composition
☐ Other _____

FLUOROSCOPY

☐ Esophagram
☐ Modified Barium Swallow
☐ Upper GI ☐ w/ Small Bowel
☐ Small Bowel
☐ Enema
☐ Cystogram
☐ Tube Study
☐ Other _____

PET/CT

If you prefer a radiopharmaceutical other than one listed, please specify

SKULL BASE TO MID-THIGH
☐ Standard **F18-FDG**
☐ Prostate **F18-PSMA**
☐ Breast **F18-Fluoroestradiol**
☐ Neuroendocrine **Ga68-Dotatate**

LIMITED AREA, Specify: _____
☐ Standard **F18-FDG**
☐ Amyloid **F18-Florbetaben**
☐ Parkinsons **F18-Fluorodopa**

BRAIN
☐ Standard **F18-FDG**
☐ Breast **F18-Fluoroestradiol**
☐ Neuroendocrine **Ga68-Dotatate**

WHOLE BODY (top of head to toes)
☐ Standard **F18-FDG**

OTHER: _____

PET/MR

Please order an MRI to the left if one has not been performed in the last 2 months

SKULL BASE TO MID-THIGH
☐ Standard **F18-FDG**
☐ Prostate **F18-PSMA**
☐ Breast **F18-Fluoroestradiol**
☐ Neuroendocrine **Ga68-Dotatate**

LIMITED AREA, Specify: _____
☐ Standard **F18-FDG**
☐ Amyloid **F18-Florbetaben**
☐ Parkinsons **F18-Fluorodopa**

BRAIN
☐ Standard **F18-FDG**
☐ Breast **F18-Fluoroestradiol**
☐ Neuroendocrine **Ga68-Dotatate**

WHOLE BODY (top of head to toes)
☐ Standard **F18-FDG**

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 _____

BREAST IMAGING

☐ Radiologist may complete workup as clinically indicated

☐ Screening Mammography
Includes 3D Tomosynthesis
☐ Diagnostic Mammography
☐ Bilateral ☐ Right ☐ Left
☐ Breast Ultrasound
☐ Bilateral ☐ Right ☐ Left
☐ Breast MRI w/wo contrast
☐ Ancillary Breast MRI w/wo
☐ 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 _____

ULTRASOUND

☐ add Doppler if clinically indicated

☐ Abdominal
☐ Complete
☐ Limited (e.g., RUQ, LUQ, Ascites, Spleen, Appendix, Hernia)
☐ Pelvic Transabdominal
☐ Add transvaginal if clinically indicated
☐ Pelvic Transvaginal
☐ Add transabd if clinically indicated
☐ 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
☐ Soft Tissue (e.g., neck, lymph nodes, palpable mass)
☐ Extremities Non-vascular (MSK)
☐ Upper ☐ Lower (e.g., Baker's cyst)
☐ Right ☐ Left
☐ Other _____

VACSCULAR

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

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Patient Checklist

If you are pregnant, may be pregnant, or on a fertility protocol, please notify our team before your exam.

- ☐ Bring this prescription form to your appointment or upload electronically at wcinyp.org/patients
- ☐ Bring your insurance card to your appointment (copays are collected at the time of service)
- ☐ Bring prior outside CD images to your exam for comparison or contact our Medical Records team at 212-746-6000, option 3 to learn how to upload these images electronically

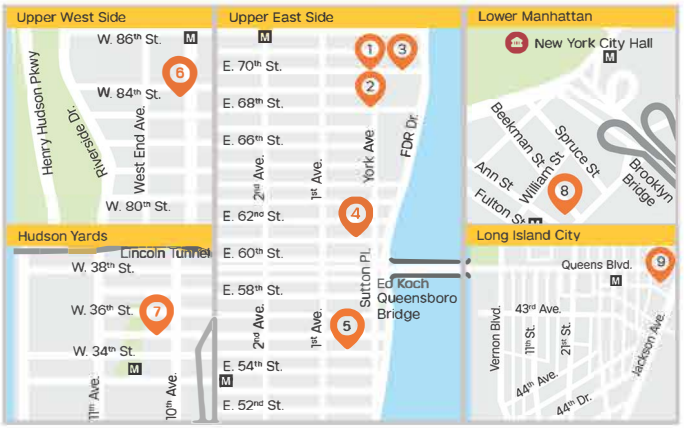
Medical Records

Your results will automatically get sent to the referring provider listed on this prescription.
They will also be accessible to you through Connect where you can view and share your images and reports.

Online Scheduling

You can now schedule your appointment online! Scan the QR code to begin.
Questions? Visit wcinyp.org/patients for more information.

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. 504 West 35th St, 2nd Floor, NY, NY 10001
8. 53 Beekman St, Ground Floor, NY, NY 10038
9. 28-25 Jackson Ave, 2nd Floor, Long Island City, NY 11101

Exam Preparations

Preps specific to your exam will be available to you through the patient portal

BONE DENSITY (DEXA)

- 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).
- **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.

ULTRASOUND

- **Abdomen:** No food or liquids 6 hours prior to the exam. Water or plain black tea and coffee, with no milk or sugar, is allowed during the fast.
- **Renal with Abdomen:** Follow Abdomen preparation above
- **Pelvis and Renal (except for renal transplant or transvaginal):** Come to your appointment with a full bladder. It is recommended to drink 32 oz. of water to have a full bladder. You should not urinate prior to the exam.

MRI

- **METAL Implants**: Inform your referring physician and our MRI staff if you have any metal or implants in your body including a CARDIAC PACEMAKER or IMPLANTABLE CARDIOVERTERDEFIBRILLATOR (ICD)
- **Enterography**: No food or liquids 4 hours prior to the exam.
- **MRCP**: No food or liquids 4 hours prior to the exam.
- **Head/Orbits/Neck/Face:** Avoid wearing dry shampoo and any eye make-up or mascara during the exam.

PET CT and PET MRI

- No eating or drinking (except for water and medications) 4 hours prior to your appointment.
  - Do not administer insulin during this time.
  - Do not eat candy or chew gum during this time.
  - Avoid taking chewable medications or vitamins.
- No exercise for 24 hours prior to the exam.
- Length of stay is a minimum of 2.5 hours.
- **Diabetic Patients**: Inform us 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 and needs to be less than 200mg/dL for us to proceed.

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.