



PARK WEST RADIOLOGY

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IMMEDIATE APPOINTMENTS AVAILABLE
AT OUR NEW LOCATION!

Precertification/Referral Number(s):	Date of Appt:
	Time of Appt:

PATIENT NAME: _____ DOB: _____ Contact #: _____

MRI*

I.V. CONTRAST
 WITH WITHOUT
 WITH & WITHOUT

- Highfield 3T** w/Open Architecture
- Brain*
 - Pituitary*
 - Orbits*
 - IAC's*
 - Neck
 - TMJ's
 - C-Spine
 - L-Spine
 - T-Spine
 - Whole Spine
 - Hip Arthrogram OR OL
 - Hip OR OL
 - Shoulder Arthrogram OR OL
 - Shoulder OR OL
 - Arthrogram (specify): _____
 - Elbow OR OL
 - Wrist OR OL
 - Hand OR OL
 - Knee OR OL
 - Ankle OR OL
 - Foot OR OL
 - Lower Extremity OR OL
 - Other(specify): _____
 - MRI Bony Orthopedic Pelvis
 w/ gad only w/o gad
 w/ & w/o gad
 - MRI Male Pelvis w/ & w/o gad*
 - MRI Female Pelvis
w/ & w/o gad*
 - MR Cholangiography* (MRCP)
 - Prostate
 - Breast (Bilateral)
 - Abdomen*

MR ANGIOGRAPHY

- Intracranial w/o gad
- Carotid & Vertebral w/o gad
- Arch/Carotid/Vertebral w/ & w/o gad
- Thoracic Aorta
- Abdomen (Abdominal Aorta/ SMA/Renal/Celiac Axis)
- Pelvis/Bilateral Lwr Extrem w/runoff

MRV

- Brain
- Upper Extremities
- Lower Extremities

CT*

I.V. CONTRAST
 WITH WITHOUT
 WITH & WITHOUT

- BUN** _____
- CREAT** _____
- Brain
 - Orbits
 - Sinuses 3D Surg Plan
 - Temporal Bones
 - C-Spine
 - L-Spine
 - T-Spine
 - Neck
 - Chest
 - Abdomen*
 - Pelvis*
 - Enterography
 - CT Angiogram _____
 - Hematuria Protocol- w/ & w/o I.V. cont
 - Renal Mass Protocol- w/ & w/o I.V. cont
 - Renal Stone Protocol- no Oral or I.V. cont
 - Other(specify): _____
 - Shoulder OR OL
 - Patellar Tracking
 - CT Arthrogram OR OL
 - Extremity OR OL

CT ANGIOGRAPHY*

- BUN** _____
- CREAT** _____
- Aorta/Chest/Abdomen
 - Pulmonary Angio
 - Brain/Intra Cranial
 - Neck/Carotid
 - Mesenteric
 - Renal Artery
 - Extremity _____

CT SCREENING STUDIES

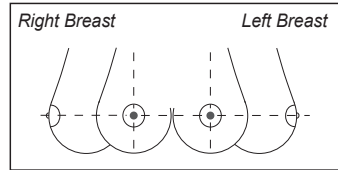
- These studies are not covered by insurance*
- CT Dental Scan Mandible
 - CT Dental Scan Maxilla
 - CT Total Body Scan
 - Virtual Colonoscopy
 - Heart & Lung Screening
 - Coronary Calcium (Heart Screening)
 - Pulmonary Nodule (Lung Screening)

WOMEN'S IMAGING & BREAST IMAGING*

Digital Mammography
 Screening:
Routine; no problem
 Diagnostic Bilateral:
Lump, personal hx of breast ca
 Diagnostic Unilateral R L

- Ultrasound (indicate problem on diagram)
- Breast MRI (give indication below*)

Breast Biopsies
 Ultrasound Core Biopsy
 MRI Core Biopsy
 Fine Needle Aspiration
 Stereotactic Core Biopsy



- Hysterosalpinogram
- Hysterosonogram*
- Pelvic MRI

BONE DENSITOMETRY

- DEXA
- w/Lateral Lumbar Spine X-Ray

ULTRASOUND

- Abdomen*
- Abdomen Single Organ (RUQ)
- Renal
- Carotid Duplex
- Thyroid
- Hysterosonogram*
- Obstetrical LMP: / /
- Testicular/Scrotal
- Pelvic-transabdominal only*
- Pelvic-transvaginal only*
- Pelvic Combined* - (transabdominal/transvaginal)
- Venous Extremity Upper Doppler R L B
- Venous Extremity Lower Doppler R L B
- Hepatic Vessels
- Bladder*
- Aorta Screening
- Other _____

X-RAY

- Chest
 AP PA/LAT
- Head
 Skull Sinus Orbits
- Facial Bones
 Nasal Bones Mandible
- Ribs OR OL
- Abdomen
 Flat Erect Obl
- Thoracic
 Standing
- Cervical Spine
 2 Views 4 Views
 Standing Flex/Ext
- Lumbar Spine
 2 Views 4 Views
 Standing Obliques
 Flex/Ext
- Sacrum & Coccyx
 2 Views
- Scoliosis Series
- Pelvic AP
 Clavicle OR OL B
- Scapula OR OL B
- Shoulder OR OL B
- Humerus OR OL B
- Elbow OR OL B
- Forearm OR OL B
- Wrist OR OL B
- Hand OR OL B
- Finger _____
- Hip OR OL B
- Femur OR OL B
- Knee OR OL B
- Leg TibFib OR OL B
- Ankle OR OL B
- Foot OR OL B
- Toe _____
- Weightbearing Y N

Other _____

ULTRASOUND FNA BIOPSIES*

- Thyroid FNAB OR OL
- Lymph Nodes FNAB OR OL
- Parotid FNAB OR OL

OUTSIDE FILM REVIEW

- YES NO

*Reason for Exam	Requested by Dr.
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Address:	Phone:	Fax:	Email:
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PLEASE FAX COMPLETED REFERRAL TO OUR SCHEDULING DEPARTMENT AT (212) 698-5398 PRIOR TO YOUR EXAM TO ENSURE WE HAVE ALL REQUIRED INFORMATION
(PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS AND DIRECTIONS)

*Please see special instructions on reverse side