

# Radiology

Today's Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Clinical Signs/Symptoms: \_\_\_\_\_ ICD9 Code: \_\_\_\_\_

Authorization/Pre-Cert Number (if available): \_\_\_\_\_

Referring Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Physician Signature: \_\_\_\_\_ Fax: \_\_\_\_\_

Wet Reading  Patient to Return with Images LAB -  BUN  Creatinine (For IV contrast if no recent labs)

**MRI**

- Head/Brain
- IAC's
- Nasopharynx
- Orbits
- Pituitary
- Perfusion
- TMJ
- MRI Spectroscopy
- MRCP
- Shoulder
- Elbow
- Wrist
- Hand
- Hip
- Knee
- Ankle
- Foot
- NON CONTRAST
- WITH/WITHOUT CONTRAST

- Chest
- Abdomen
- Pelvis
- Brachial Plexus
- Neck (Soft Tissue)
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Fetal MRI

- |                             |                             |
|-----------------------------|-----------------------------|
| <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> RT | <input type="checkbox"/> LT |

Other (Specify) \_\_\_\_\_

**\* MRI ARTHROGRAM**

(Specify Joint)  RT  LT

**\* MRI ANGIOGRAPHY (MRA)**

Specify \_\_\_\_\_

Call 973-429-6110 to schedule

**BREAST IMAGING & BIOPSY**

**\* MRI BREAST  RT  LT  BIL**

- NON CONTRAST
- CONTRAST
- Call 973-429-6110 to schedule

**MAMMOGRAPHY**

- Screening  RT  LT
- Diagnostic
- Unilateral
- Breast Ultrasound if Indicated

**ULTRASOUND/SONOGRAM**

- Breast  RT  LT  BIL
- Breast Ultrasound Guided Biopsy  RT  LT  BIL
- Breast Ultrasound Aspiration  RT  LT  BIL
- Breast Ultrasound Fine Needle Aspiration  RT  LT  BIL

**STEREOTACTIC BREAST NEEDLE BIOPSY**

- Right Breast
- Left Breast

**GENERAL RADIOGRAPHY**

- Esophagram
- UGI Series
- Small Bowel Series
- Upper GI with small bowel
- Barium Enema
- VCUG
- Skull Series
- Nasal Bones
- Sinuses
- Facial Bones
- Orbits
- Mandible
- Ribs
- Shoulder
- Humerus
- Elbow
- Forearm
- Wrist
- Hand
- Pelvis
- Hip
- Femur
- Knee
- Tibia/Fibula
- Ankle
- Foot

- IVP
- KUB
- Obstructive Series
- Neck (Soft Tissue)
- Chest
- Skeletal Survey
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Scoliosis Series
- Bone Age

- |                             |                             |
|-----------------------------|-----------------------------|
| <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> RT | <input type="checkbox"/> LT |

- |                             |                             |
|-----------------------------|-----------------------------|
| <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> RT | <input type="checkbox"/> LT |
| <input type="checkbox"/> RT | <input type="checkbox"/> LT |

Other (Specify) \_\_\_\_\_

**BONE DENSITOMETRY/DEXA**

**NUCLEAR MEDICINE**

- With Flow
- Bone Scan
- Thyroid
- Hepatobiliary
- GB with CCK
- Gastric Empty
- Renal  Transplant  Vasotec  Lasix

Other (Specify) \_\_\_\_\_

PET — Call: 973-429-6111 to schedule

**NUCLEAR CARDIOLOGY**

- Nuclear Stress Test  Treadmill  Adenoscan
- MUGA

**\* CT (DUAL SOURCE MULTI-SLICE)**

- Head/Brain
- Sinuses
- Facial
- Orbits
- Mandible
- Neck (Soft Tissue)
- NON CONTRAST
- Oral Contrast
- with/without IV

- Chest
- Abdomen
- Pelvis
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- CONTRAST
- with IV contrast

Other (Specify) \_\_\_\_\_

**\* CT ANGIOGRAPHY (CTA)**

(Specify) \_\_\_\_\_

**\* CARDIAC CT**

- Calcium Scoring
- Coronary CTA
- Other \_\_\_\_\_

**\* CT ARTHROGRAM**

(Specify Joint)  RT  LT

**ULTRASOUND/SONOGRAM**

- Thyroid
- Abdomen (Gallbladder, Liver, Pancreas)
- Retroperitoneum
- Kidneys
- Urinary Bladder
- Aorta
- Pelvic (Transvaginal if indicated)
- Pelvic OB
- Testicular
- Pediatric Cranial
- Pediatric Spine
- Pediatric Hip

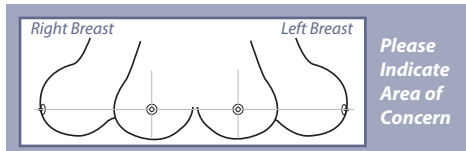
Other (Specify) \_\_\_\_\_

**B SONOHYSTEROGRAM**

**COLOR DOPPLER STUDIES**

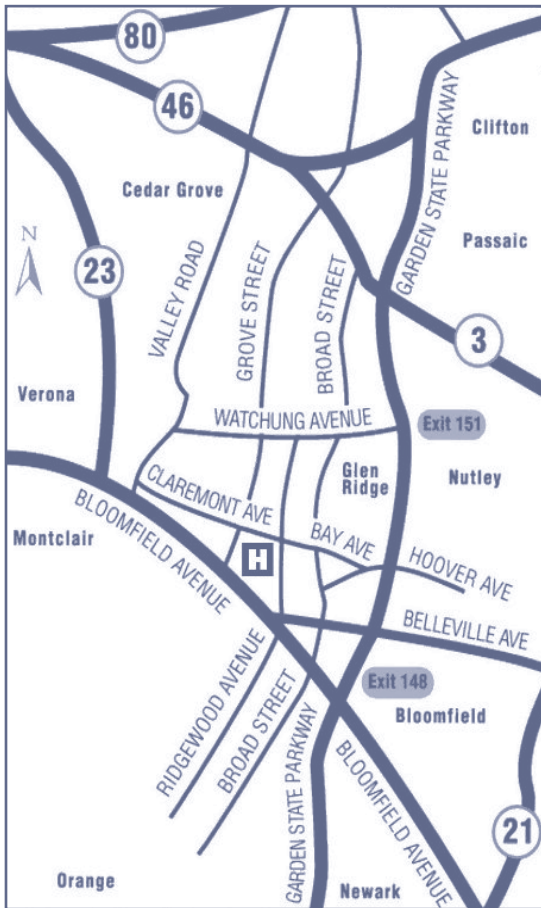
- Carotid
- Renal duplex
- Lower Extremity Arterial  RT  LT
- Upper Extremity Arterial  RT  LT
- Lower Extremity Venous  RT  LT
- Upper Extremity Venous  RT  LT

Other (Specify) \_\_\_\_\_



**APPOINTMENT DATE:** \_\_\_\_\_  
**TIME:** \_\_\_\_\_ **AM/PM**  
 Kindly Provide 24 Hours Notice of Cancellation

## Directions



### Parkway Traveling NORTH:

Exit at 148 (Bloomfield/Montclair), toll booth at exit. After toll booth, keep left for a short distance, proceed across Bloomfield Avenue, and almost immediately make "U" turn under the Parkway where indicated. Keep to far right and make a right turn at traffic light onto Bloomfield Avenue. Take Bloomfield Avenue to Ridgewood Avenue (7th traffic light) and turn right. Follow Ridgewood Avenue to Bay Avenue and make a left turn. Proceed on Bay for two short blocks, hospital is on the left. Proceed past front entrance and make a left at next corner, Walnut Crescent. Parking garage is one block on your right.

### Parkway Traveling SOUTH:

Exit at 151 Watchung Avenue (Montclair/Nutley), toll booth at exit. After toll, turn right onto Watchung Avenue and go about 1 mile to Ridgewood Avenue (3rd traffic light) and turn left. Stay on Ridgewood Avenue to Bay Avenue (first traffic light). Make a right turn on Bay Avenue and proceed two short blocks, hospital is on the left. Proceed past front entrance and make a left at next corner, Walnut Crescent. Parking garage is one block on your right.

### Route 80 Traveling EAST:

Exit at the sign marked Route 46 and proceed east on Route 46 about 3 miles to Route 3 exit. Take Route 3 about one-half mile to Grove Street exit and bear right at top of ramp. Drive south on Grove Street (approximately 5 miles) until you reach a Railroad Crossing. The next traffic light after you cross over the railroad tracks is Claremont Avenue. Turn left onto Claremont Avenue. Follow Claremont until you reach a fork in the road and bear right onto Walnut Crescent. Parking garage is one block on your right.

### Route 80 Traveling WEST:

Exit at Garden State Parkway (Saddle Brook) and take the Parkway south. Exit at 151 Watchung Avenue (Montclair/Nutley). Follow directions from Parkway SOUTH.

### From Route 280:

Travel Route 280 east to the Garden State Parkway northbound. Exit Parkway at 148. Follow directions from Parkway NORTH.

### From Route 3:

Exit at Grove Street, follow signs to Montclair. Drive south on Grove Street (approximately 5 miles) until you reach a Railroad Crossing. The next traffic light after you cross over the railroad tracks is Claremont Avenue. Turn left onto Claremont Avenue and follow to Walnut Crescent (2 blocks). Parking garage is one block on your right.

### DETAIL MAP



X - Free Parking

## Preparing for Your Examination

Please call the Radiology Department for pediatric instructions at (973) 429-6100.

### MRI (Magnetic Resonance Imaging)

MRCP Prep-NPO no food or drink 4 Hours Prior. Call us if you are pregnant or have a cardiac pacemaker, implanted cardiac defibrillator, aneurysm clips, cochlear ear implants, heart stents, retinal implants, implantable insulin pumps, any recent major surgeries, neurostimulators, ocular foreign bodies, or patches. If you are claustrophobic, please contact our office for instructions. Music is available during the examination. If you prefer, bring your own tape or CD for exam.

### CT (Dual Source Multi-Slice)

**Abdomen and Pelvis:** Pick up oral contrast the day before exam. Nothing to eat or drink 4 hours before exam time. Drink 1 bottle of oral contrast 2 hours before exam. Drink second bottle 1 hour before exam.

### Upper GI Series/Small Bowel

Nothing to eat or drink 8 hours before exam.

### Barium Enema

Contact Radiology Dept. for Prep 973-429-6100

**\* Please bring previous images & reports the day of exam for comparison**

### IVP (Intravenous Pyelogram)

Take 2 *Dulcolax* tablets at 4:00 p.m. the day before exam. Nothing to eat or drink 4 hours before exam. **Inform staff of any allergies, asthma, or diabetes and any medications taken.**

### Mammography

Wear a two-piece outfit for your comfort. Do not use deodorant, perfume or powder underarm or breasts the day of exam. **Bring previous mammograms and reports the day of exam for comparison.**

### Ultrasound

**Abdomen (Gallbladder):** Nothing to eat or drink 6-8 hours before exam.

**Pelvis:** Drink 40 oz. of water 1 hour before the exam.

Do not empty bladder.

**Pregnancy 1-6 months:** Drink 32 oz. of water 1 hour before exam.

Do not empty bladder.

**Pregnancy 1-9 months:** Drink 8 oz. of water 1 hour before exam.

Do not empty bladder.

**We are pleased to offer complimentary self-parking for outpatients.**