

# AMDS+ RADIOLOGY

WWW.AMDS-NYC.COM

REF DR:

PHONE #:

REF DR SIGNATURE:

STAT REPORT

FAX: \_\_\_\_\_

IMAGES ON CD

ONLINE ACCESS REQUESTED

PRECERT/REF #'S:

APPT. DATE/TIME:

DATE ISSUED:

PATIENT NAME:

TODAY'S DATE:

DOB:

CONTACT #:

HISTORY:

OPEN MRI  CLOSED 1.5T MRI

I.V. CONTRAST: GFR \_\_\_\_\_

### NEURO

|   | WITH+W/O                       | W/O                            |
|---|--------------------------------|--------------------------------|
| <input type="checkbox"/> BRAIN            | <input type="checkbox"/> 70553 | <input type="checkbox"/> 70551 |
| <input type="checkbox"/> PITUITARY        | <input type="checkbox"/> 70553 | <input type="checkbox"/> 70551 |
| <input type="checkbox"/> IAC              | <input type="checkbox"/> 70553 | <input type="checkbox"/> 70551 |
| <input type="checkbox"/> ORBITS,FACE      | <input type="checkbox"/> 70543 | <input type="checkbox"/> 70540 |
| <input type="checkbox"/> TMJ              | <input type="checkbox"/> 70336 |                                |
| <input type="checkbox"/> NECK-SOFT TISSUE | <input type="checkbox"/> 70543 | <input type="checkbox"/> 70540 |
| <input type="checkbox"/> CERVICAL SPINE   | <input type="checkbox"/> 72156 | <input type="checkbox"/> 72141 |
| <input type="checkbox"/> THORACIC SPINE   | <input type="checkbox"/> 72157 | <input type="checkbox"/> 72146 |
| <input type="checkbox"/> LUMBAR SPINE     | <input type="checkbox"/> 72158 | <input type="checkbox"/> 72148 |

### BODY

|                                  |                                |                                |
|----------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> CHEST   | <input type="checkbox"/> 71552 | <input type="checkbox"/> 71550 |
| <input type="checkbox"/> ABDOMEN | <input type="checkbox"/> 74183 | <input type="checkbox"/> 74181 |
| <input type="checkbox"/> PELVIS  | <input type="checkbox"/> 72197 | <input type="checkbox"/> 72195 |

### EXTREMITIES R L

|                                   |                                |                                |
|-----------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> SHOULDER | <input type="checkbox"/> 73223 | <input type="checkbox"/> 73221 |
| <input type="checkbox"/> ELBOW    | <input type="checkbox"/> 73223 | <input type="checkbox"/> 73221 |
| <input type="checkbox"/> WRIST    | <input type="checkbox"/> 73223 | <input type="checkbox"/> 73221 |
| <input type="checkbox"/> HAND     | <input type="checkbox"/> 73220 | <input type="checkbox"/> 73218 |
| <input type="checkbox"/> HIP      | <input type="checkbox"/> 73723 | <input type="checkbox"/> 73721 |
| <input type="checkbox"/> KNEE     | <input type="checkbox"/> 73723 | <input type="checkbox"/> 73721 |
| <input type="checkbox"/> ANKLE    | <input type="checkbox"/> 73723 | <input type="checkbox"/> 73721 |
| <input type="checkbox"/> FOOT     | <input type="checkbox"/> 73720 | <input type="checkbox"/> 73718 |

OTHER \_\_\_\_\_

### X-RAYS

CHEST  
 PA  PA/LAT  OTHER

ABDOMEN  
 FLAT  ERECT  DECUB

PELVIC AP

RIBS  R  L  B

HEAD  
 SKULL  SINUS  ORBITS

FACIAL BONES  
 NASAL BONES  MANDIBLE

CERVICAL SPINE  
 2 VIEWS  4 VIEWS  
 STANDING  FLEX/EXT

THORACIC  
 STANDING

LUMBAR SPINE  
 2 VIEWS  4 VIEWS  
 STANDING  FLEX/EXT

SCOLIOSIS SERIES

AC JOINTS

|  |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> CLAVICLE      | <input type="checkbox"/> R | <input type="checkbox"/> L | <input type="checkbox"/> B |
| <input type="checkbox"/> SCAPULA       | <input type="checkbox"/> R | <input type="checkbox"/> L | <input type="checkbox"/> B |
| <input type="checkbox"/> SHOULDER      | <input type="checkbox"/> R | <input type="checkbox"/> L | <input type="checkbox"/> B |
| <input type="checkbox"/> HUMERUS       | <input type="checkbox"/> R | <input type="checkbox"/> L | <input type="checkbox"/> B |
| <input type="checkbox"/> ELBOW         | <input type="checkbox"/> R | <input type="checkbox"/> L | <input type="checkbox"/> B |
| <input type="checkbox"/> FOREARM       | <input type="checkbox"/> R | <input type="checkbox"/> L | <input type="checkbox"/> B |
| <input type="checkbox"/> WRIST         | <input type="checkbox"/> R | <input type="checkbox"/> L | <input type="checkbox"/> B |
| <input type="checkbox"/> HAND          | <input type="checkbox"/> R | <input type="checkbox"/> L | <input type="checkbox"/> B |
| <input type="checkbox"/> FINGER        | <input type="checkbox"/> R | <input type="checkbox"/> L | <input type="checkbox"/> B |
| <input type="checkbox"/> HIP           | <input type="checkbox"/> R | <input type="checkbox"/> L | <input type="checkbox"/> B |
| <input type="checkbox"/> FEMUR         | <input type="checkbox"/> R | <input type="checkbox"/> L | <input type="checkbox"/> B |
| <input type="checkbox"/> KNEE          | <input type="checkbox"/> R | <input type="checkbox"/> L | <input type="checkbox"/> B |
| <input type="checkbox"/> TIB-FIB       | <input type="checkbox"/> R | <input type="checkbox"/> L | <input type="checkbox"/> B |
| <input type="checkbox"/> ANKLE         | <input type="checkbox"/> R | <input type="checkbox"/> L | <input type="checkbox"/> B |
| <input type="checkbox"/> FOOT          | <input type="checkbox"/> R | <input type="checkbox"/> L | <input type="checkbox"/> B |
| <input type="checkbox"/> TOE           |                            |                            |                            |
| <input type="checkbox"/> WEIGHTBEARING | <input type="checkbox"/> Y | <input type="checkbox"/> N |                            |
| <input type="checkbox"/> OTHER         | _____                      |                            |                            |

### MR ANGIOGRAPHY

I.V. CONTRAST: GFR \_\_\_\_\_

|                                      | W/O                            |
|--------------------------------------|--------------------------------|
| <input type="checkbox"/> BRAIN MRA   | <input type="checkbox"/> 70544 |
| <input type="checkbox"/> CAROTID MRA | <input type="checkbox"/> 70547 |

### CT SCAN

I.V. CONTRAST: CREAT \_\_\_\_\_

|   | WITH+W/O                       | W/O                            |
|---|--------------------------------|--------------------------------|
| <input type="checkbox"/> BRAIN            | <input type="checkbox"/> 70470 | <input type="checkbox"/> 70450 |
| <input type="checkbox"/> ORBITS/IAC/SELLA | <input type="checkbox"/> 70482 | <input type="checkbox"/> 70480 |
| <input type="checkbox"/> SINUSES/FACIAL   | <input type="checkbox"/> 70488 | <input type="checkbox"/> 70486 |
| <input type="checkbox"/> NECK-SOFT TISSUE | <input type="checkbox"/> 70492 | <input type="checkbox"/> 70490 |
| <input type="checkbox"/> CHEST            | <input type="checkbox"/> 71270 | <input type="checkbox"/> 71250 |
| <input type="checkbox"/> ABDOMEN          | <input type="checkbox"/> 74170 | <input type="checkbox"/> 74150 |
| <input type="checkbox"/> PELVIS           | <input type="checkbox"/> 72194 | <input type="checkbox"/> 72192 |
| <input type="checkbox"/> ABDOMEN + PELVIS | <input type="checkbox"/> 74178 | <input type="checkbox"/> 74176 |
| <input type="checkbox"/> CERVICAL SPINE   | <input type="checkbox"/> 72127 | <input type="checkbox"/> 72125 |
| <input type="checkbox"/> THORACIC SPINE   | <input type="checkbox"/> 72130 | <input type="checkbox"/> 72128 |
| <input type="checkbox"/> LUMBAR SPINE     | <input type="checkbox"/> 72133 | <input type="checkbox"/> 72131 |
| <input type="checkbox"/> MUSCULOSKELETAL  |                                |                                |
| <input type="checkbox"/> LEG LENGTH STUDY |                                | <input type="checkbox"/> 73700 |
| <input type="checkbox"/> DENTASCAN        |                                |                                |
| <input type="checkbox"/> WITH 3D          | <input type="checkbox"/> 76376 | <input type="checkbox"/> 76376 |

### ULTRASOUND

#### GENERAL

|   |                                |
|---|--------------------------------|
| <input type="checkbox"/> ABDOMEN                        | <input type="checkbox"/> 76700 |
| <input type="checkbox"/> KIDNEY                         | <input type="checkbox"/> 76770 |
| <input type="checkbox"/> AORTA                          | <input type="checkbox"/> 76775 |
| <input type="checkbox"/> RUQ                            | <input type="checkbox"/> 76705 |
| <input type="checkbox"/> FEMALE PELVIS (TRANSABDOMINAL) | <input type="checkbox"/> 76856 |
| <input type="checkbox"/> FEMALE PELVIS (ENDOVAGINAL)    | <input type="checkbox"/> 76830 |
| <input type="checkbox"/> MALE PROSTATE                  | <input type="checkbox"/> 76856 |
| <input type="checkbox"/> OBSTETRICAL                    | <input type="checkbox"/> 76805 |
| <input type="checkbox"/> SCROTUM/TESTICULAR             | <input type="checkbox"/> 76870 |
| <input type="checkbox"/> URINARY BLADDER                | <input type="checkbox"/> 76857 |
| <input type="checkbox"/> THYROID                        | <input type="checkbox"/> 76536 |
| <input type="checkbox"/> OTHER                          | _____                          |

#### VASCULAR DOPPLER

|  |                                |
|--|--------------------------------|
| <input type="checkbox"/> LE ARTERIAL - BILATERAL EXTREMITY | <input type="checkbox"/> 93925 |
| <input type="checkbox"/> UE ARTERIAL - BILATERAL EXTREMITY | <input type="checkbox"/> 93930 |
| <input type="checkbox"/> LE VENOUS - BILATERAL EXTREMITY   | <input type="checkbox"/> 93970 |
| <input type="checkbox"/> CAROTID                           | <input type="checkbox"/> 93880 |
| <input type="checkbox"/> ABDOMINAL VASCULATURE             | <input type="checkbox"/> 93978 |
| <input type="checkbox"/> OTHER                             | _____                          |

Note: Axial exams will be performed with 3D-post processing on an independent work station where clinically indicated.

Note: Ultrasound exams are performed with duplex doppler where clinically indicated.

Note: Open MRI is located at 2025 Richmond Avenue. Closed 1.5T MRI is located at 2 Seaver Avenue.