AMDS+ RADIOLOGY

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2025 RICHMOND AVENUE STATEN ISLAND, NY 10314

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:

MRI OPEN ☐ HI FIELD SHORT BORE 1.5T ☐

IV CONTRAST GFR: _____

NEURO	WITH + W/O	W/O
☐ BRAIN	☐ 70553	☐ 70551
☐ PITUITARY	☐ 70553	☐ 70551
☐ IAC	☐ 70553	☐ 70551
☐ ORBITS, FACE	☐ 70543	☐ 70540
☐ TMJ	☐ 70336	
☐ NECK-SOFT TISSUE	☐ 70543	☐ 70540
☐ BRACHIAL PLEXUS	☐ 72156	☐ 72141
☐ CERVICAL SPINE	☐ 72156	☐ 72141
☐ THORACIC SPINE	☐ 72157	☐ 72146
☐ LUMBAR SPINE	☐ 72158	☐ 72148
BODY		
☐ CHEST	☐ 71552	☐ 71550
☐ ABDOMEN	☐ 74183	☐ 74181
☐ MRCP	☐ 74183	☐ 74181
☐ PELVIS/ PROSTATE	☐ 72197	☐ 72195
EXTREMITIES ☐ R ☐ L		
☐ SHOULDER	☐ 73223	☐ 73221
☐ ELBOW	☐ 73223	☐ 73221
☐ WRIST	☐ 73223	☐ 73221
☐ HAND	☐ 73220	☐ 73218
☐ HIP	☐ 73723	☐ 73721
☐ KNEE	☐ 73723	☐ 73721
☐ ANKLE	☐ 73723	☐ 73721
☐ FOOT	☐ 73720	☐ 73718
☐ OTHER: _____		

MR ANGIOGRAPHY
IV CONTRAST: GFR _____

	WITH + W/O	W/O
☐ ABD AORTA/RENAL	☐ 74185	
☐ BRAIN MRA	☐ 70546	☐ 70544
☐ CAROTID MRA	☐ 70549	☐ 70547
☐ THORACIC AORTA	☐ 71555	
☐ PELVIC AORTA	☐ 72198	
☐ LOWER EXT RUNOFF	☐ 73725	

CT SCAN

IV CONTRAST: CREAT _____

☐ CALCIUM SCORE CT

		WITH + W/O	W/O
☐ BRAIN		☐ 70470	☐ 70450
☐ ORBITS/ IAC/ TEMPORAL		☐ 70482	☐ 70480
☐ SINUSES/ FACIAL		☐ 70488	☐ 70486
☐ NECK- SOFT TISSUE		☐ 70492	☐ 70490
☐ CHEST	☐ HRCT	☐ 71270	☐ 71250
☐ ABDOMEN		☐ 74170	☐ 74150
☐ PELVIS		☐ 72194	☐ 72192
☐ ABDOMEN + PELVIS		☐ 74178	☐ 74176
☐ CERVICAL SPINE		☐ 72127	☐ 72125
☐ THORACIC SPINE		☐ 72130	☐ 72128
☐ LUMBAR SPINE		☐ 72133	☐ 72131
☐ UPPER EXT		☐ 73202	☐ 73200
☐ LOWER EXT		☐ 73702	☐ 73700
☐ MUSCULOSKELETAL_____			
☐ LEG LENGTH STUDY		☐ 73700	

CT ANGIOGRAM:
IV CONTRAST: CREAT _____

	WITH + W/O
☐ HEAD	☐ 70496
☐ NECK	☐ 70498
☐ CHEST	☐ 71275
☐ UPPER EXTREMITIES ☐ R ☐ L	☐ 73206
☐ ABDOMEN	☐ 74175
☐ PELVIS	☐ 72191
☐ ABD/ PEL	☐ 74174
☐ LOWER EXTREMITIES ☐ R ☐ L	☐ 73706
☐ AORTIC-ILIOFEMORAL RUNOFF	☐ 75635

ULTRASOUND

GENERAL

☐ ABDOMEN	☐ 76700
☐ KIDNEY	☐ 76770
☐ AORTA	☐ 76775
☐ RUQ	☐ 76705
☐ FEMALE PELVIS (TRANSABDOMINAL)	☐ 76856
☐ FEMALE PELVIS (ENDOVAGINAL)	☐ 76830
☐ MALE PROSTATE	☐ 76856
☐ OBSTETRICAL	☐ 76805
☐ SCROTUM/ TESTICULAR	☐ 76870
☐ URINARY BLADDER	☐ 76857
☐ THYROID	☐ 76536
☐ OTHER _____	

VASCULAR DOPPLER

☐ LE ARTERIAL-BILATERAL EXTREMITY	☐ 93925
☐ UE ARTERIAL-BILATERAL EXTREMITY	☐ 93930
☐ LE VENOUS-BILATERAL EXTREMITY	☐ 93970
☐ CAROTID	☐ 93880
☐ ABDOMINAL VASCULATURE	☐ 93978
☐ 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

☐ CLAVICLE	☐ R	☐ L	☐ B
☐ SCAPULA	☐ R	☐ L	☐ B
☐ SHOULDER	☐ R	☐ L	☐ B
☐ HUMERUS	☐ R	☐ L	☐ B
☐ ELBOW	☐ R	☐ L	☐ B
☐ FOREARM	☐ R	☐ L	☐ B
☐ WRIST	☐ R	☐ L	☐ B
☐ HAND	☐ R	☐ L	☐ B
☐ FINGER	☐ R	☐ L	☐ B
☐ HIP	☐ R	☐ L	☐ B
☐ FEMUR	☐ R	☐ L	☐ B
☐ KNEE	☐ R	☐ L	☐ B
☐ TIB-FIB	☐ R	☐ L	☐ B
☐ ANKLE	☐ R	☐ L	☐ B
☐ FOOT	☐ R	☐ L	☐ B

☐ TOE_____
☐ WEIGHTBEARING ☐ Y ☐ N
☐ 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.

PREPARATION FOR DIAGNOSTIC EXAMINATIONS

-When making your appointment, please inform the office If you are pregnant and consult your primary physician.

MAGNETIC RESONANCE IMAGING (MRI) EXAMINATIONS:

PLEASE LET US KNOW IF YOU HAVE ANY OF THESE:
Surgical Vascular Clips, IVC Filter, Breast Tissue Expander. Silver Backed Dermal Patches. Cardiac Pacemaker Cochlear Implants. Neurostimulators, Penile Implants

- Do not wear eye makeup for brain or head MRI studies.
- Wear comfortable clothing free of metal around the area to be scanned.

ALL CONTRAST STUDIES:

- Do not eat or drink 4 hours prior to examination
- Diabetic patients needing contrast. please alert our office at the time of your appointment.
- Please inform us if you are diabetic and take glucophage or glucovance.

ULTRASOUND:

ABDOMINAL:

- Nothing to eat or drink 4 hours prior to exam.

PELVIC:

- 1.5 hours before appointment. empty bladder. You should not urinate again until after the exam.
- Drink three 8 oz glasses of water and be finished drinking 1 hour before the appointment.
- See receptionist if you feel you must urinate during your exam.

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DIRECTIONS:

FROM HYLAN BLVD:
Turn on to Richmond Avenue northbound and proceed about 4.8 miles to the destination. It will be on your right.

FROM VICTORY BLVD/FOREST AVE:
Turn southbound onto Richmond Avenue and proceed about 3 miles to the Travis Avenue U-turn. Make left at light heading northbound on Richmond Avenue. The facility is located half a mile on your right

BUS INFORMATION:
Buses that run up and down Richmond Avenue:
S 44 & S 59

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