

**Columbia-Presbyterian Eastside Radiology**  
**16 East 60th Street • New York, New York 10022**  
**(212) 326-5552 • FAX: (212) 326-5555**  
**TIN #: 13-3908644**

**SCHEDULING:**

Patient's Name \_\_\_\_\_ UNIT # \_\_\_\_\_

Clinical Information \_\_\_\_\_

**Pre-Certification #**

Please fax any special instructions to **212-326-5555**

**MRI** CONTRAST:  WITH & WITHOUT  WITH  WITHOUT

Brain  Neck  C-Spine  Wrist  MRI Other\_\_\_\_\_

Pituitary  Breast  T-Spine  Shoulder

Orbits  Abdomen  L-Spine  Hip

Sinuses  Pelvis  TMJ's  Knee

IAC's  Prostate  Cardiac  Ankle

**MRA**

Brain

Neck

Aorta/Extremity

Other\_\_\_\_\_

**CT** CONTRAST:  WITH & WITHOUT  WITH  WITHOUT

Brain  Neck  CT Angiogram  C-Spine\_\_\_\_\_

Pituitary  Chest  CT Myelogram  T-Spine \_\_\_\_\_

Orbits  Abdomen  Lung Screening  L-Spine \_\_\_\_\_

Sinuses  Pelvis  Coronary Artery Scoring

Temporal Bones  Shoulder  Dentascan  Other\_\_\_\_\_

**ULTRASOUND**

Abdomen  Lower Extremity Venous Doppler  Pelvic complete

Kidney  Thyroid  (includes transvaginal)

Bladder  Obstetrical  Transvaginal only

Breast  Testicular/Scrotal  Pelvic - Without transvaginal

Carotid Duplex  Hysterosonography  Other \_\_\_\_\_

**BONE DENSITY**

Complete assessment (DEXA & compression fracture assessment)

Only DEXA

**X-RAY & FLUOROSCOPY**

Please indicate procedure

\_\_\_\_\_

\_\_\_\_\_

**MAMMOGRAPHY**

Bilat  Screening: Routine; no problem

Unilat:  R  L  Diagnostic: For example, lump, focal pain, fibrocystic, cancer

Ultrasound if indicated due to mammogram

Requested by:

Dr \_\_\_\_\_ Phone \_\_\_\_\_

Appointment Day \_\_\_\_\_ Time \_\_\_\_\_

Films Requested  Yes  No Film or CD to (address) \_\_\_\_\_

CD Requested  Yes  No \_\_\_\_\_

Fax Report  Yes  No Fax # \_\_\_\_\_

## 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):**

1. You cannot have an MRI if you have a **CARDIAC PACEMAKER** or **BRAIN ANEURYSM CLIPS** or **STAPLES** (Middle Ear) **PROSTHESIS**.
2. **DO NOT WEAR EYE MAKE-UP.**
3. **YOU WILL HAVE TO REMOVE JEWELRY, HAIR PINS AND OTHER METALLIC ACCESSORIES FOR THE EXAM.**

### **CAT SCAN OF HEAD OR BODY WITH CONTRAST:**

Nothing to eat, drink or chew 3 hours prior to exam.

### **CT MYELOGRAM:**

Nothing to eat or drink 4 hours prior to exam.

### **ULTRASOUND:**

#### **ABDOMINAL:**

Nothing to eat, drink or chew 12 hours prior to exam.

#### **PELVIC:**

1. 1 1/2 hours before appointment, empty bladder. You should not urinate again until after the exam.
2. Drink three 8oz. glasses of water and be finished drinking 1 hour before the appointment.
3. See receptionist if you feel you must urinate prior to the exam.

### **MAMMOGRAM:**

Do not wear deodorant, powder or lotion on the breast or underarm area. It is important to obtain old mammograms performed elsewhere (originals, not copies) for comparison at the time of your exam. Your doctor or insurance company can tell you where prior exams were performed if you cannot remember.

### **G.I. SERIES AND/OR SMALL BOWEL:**

Nothing to eat, drink or chew 12 hours prior to the exam.

### **BARIUM ENEMA WITH/WITHOUT AIR:**

2 Days Before:

Follow directions for the 48 Hour Preparation in **FLEET BARIUM ENEMA KIT #2**. This kit is available in our office at no charge to the patient, or at a pharmacy for a nominal fee.

### **IVP:**

Nothing to eat or drink after midnight\*.

\* Medications may be taken with a small amount of water.

*IF A PATIENT HAS DIABETES OR OTHER MEDICAL CONDITION WHICH PREVENTS FOLLOWING A PREPARATION, HE/SHE SHOULD CONSULT HIS/HER OWN DOCTOR.*

To order more referral forms,  
please call:

Columbia-Presbyterian Eastside Radiology  
(212) 326-5623