

Jersey City **Union City** Jersey City For PACS Access, 🖵 Films 🖵 CD 550 Newark Avenue 547 Summit Avenue 120-152 48th Street Physicians: Jersey City, NJ 07306 Jersey City, NJ 07306 Union City, NJ 07087 Online Access (Physican Portal: www.hrris.com) Please Call/Text: Tel: 201.656.5050 Tel: 201.656.5050 Tel: 201.330.1606 201-832-5000 Call Stat Report (Tel. Fax: 201.484.8807 Fax: 201.876.8887 Fax: 201.330.7622 E-mail: IT@NJRAD.COM _____ TEL. _____

PATIENT NAME

WRITTEN DIAGNOSIS/REASON/SYMPTOM FOR EXAM(S) REQUIRED __

Medicare and other insurances require coding of specific/definitive diagnosis(es), sign(s) or symptom(s) to reflect the "medical necessity" for each test. Rule out, Possible or Probable Conditions cannot be coded. (As per Medicare Policy Part B Bulletin)

PHYSICIAN'S NAME _

| PHYSICIAN'S SIGNATURE | | | DATE | DATE I hereby certify that the exam(s) ordered on this form is/are medically necessary to manage the care of the patient. | | | |
|---|--|--|--|---|-----|---|--|
| | | | 64 SLICE CT-SCAN LOWEST RADIATION DOSE BUNCRE Brain w/3D Pituitary w/3D Orbits w/3D Temporal Bones/IAC w/3D Sinuses w/3D Sinuses w/2D Sinuses w/Landmark Protocol Neck-Soft Tissue w/3D Lung w/3D | eGFR with&w/o | w/o | DIGITAL X-RAY Skull Orbits Facial Bones Nasal Bones Paranasal Sinuses Nasopharynx/Soft Tissu Cervical Spine Thoracic Spine Lumbar Spine/Pelvis Pelvis Sacrum/Coccyx Sl Joints | RT LT |
| Orbits (optic nerve) Pituitary Gland (w/wo contrast) Sinuses TMJ | Lower Extremites Nutrol (includes Abdomen, Pelv Lower Extremities) Upper Extremities Runof (Chest, Arm, Forearm, Ha MRCP | is, f | Chest w/3D Abdomen/Pelvisw/3D Pelvis w/3D Cervical Spine w/3D Thoracic Spine w/3D Lumbar Spine w/3D | | | Shoulder Scapula Clavicle Chest PA/LAT Ribs | RT LT RT LT RT LT RT LT |
| SPINE Cervical Level: Thoracic Level: Lumbar Level: Pelvic Bone (w/sacrum/coccyx) | MR VENOGRAPH Abdomen Pelvis Chest Neck Cerebral | Y | Extremities w/3D CT-ANGIO BUN CRE CTA Head | eGFR CTA Pelvis | | Sternum Arm/Humerus Elbow Forearm Wrist Hand Finger | RTLTRTLTRTLTRTLTRTLTRTLT |
| CHEST/BODY Neck (soft tissue) Breast MRI with CAD (bilateral) w/wo contrast ABDOMEN Abdomen w/o contrast Abdomen w/wo contrast MR Urogram (no contrast) | EXTREMITIES Shoulder Elbow Wrist Hand Hip Thigh Knee Lower Leg Ankle Foot | LRB LRB LRB LRB LRB LRB LRB LRB LRB LRB | CTA Carotid CTA Chest CTA Abdomen Aorta SONOGRAPHY Abdomen/Retroperitoneum w/D Female Pelvis/Transabd/Transv. OB Sono 1st Trimester w/Dopple OB Sono BPP Limited Scan Male Pelvis/Transabd w/Dopple Thyroid w/Color Mapping | ag w/Doppler ler | | Abdomen - KUB Abdomen -Flat/Upright Hip Knee Tibia/Fibula Ankle Heel/Calcaneous Foot Toe Skeletal Survey Scoliosis Series Other | RT LT RT LT RT LT RT LT RT LT RT LT RT LT RT LT |
| PELVIS Pelvis w/o contrast Pelvis w/wo contrast Male Pelvic Bone Female Pelvic Prostate with Multiparametric 3D (no endorectal coil needed) w/wo Contrast SPECIAL INSTRUCTIONS & DIAGNOS | | LRB LRB LRB LRB LRB LRB LRB | Hyroid wcolor Mapping Breast w/Color Mapping Testicular w/Doppler Extremity Other VASCULAR DOPPLER LE - (Lower Extremity) - Arterial UE - (Upper Extremity) - Arterial LE - Venous | | j | DIGITAL MAMMOGR/ 3D BREAST TOMOSY Screening Diagnostic Unilateral DEXA (Osteoporosis) Bone Mineral Density | |

- ABI Ankle Brachial Indices
 - Carotid
 - Vertebral w/Limited Intracranial Imaging
 - Other

- Abdominal Vasculature

3T High Field Wide Bore Open MRI Elite Open MRI

1.5T Extremity Only Open MRI

TEL.

64 Slice Low Radiation CT-Scan 3D Digital Mammography TOMOSYNTHESIS

Vertebral Fracture Assessment

ECHOCARDIOGRAPHY

Echocardiography w/Color Doppler & Velocity Mapping

- www.njrad.com
- LRB

PATIENTS INSTRUCTION

MRI / MRA (Magnetic Resonance Imaging)

Please inform us if you have any of the following:

- Surgical Vascular Clips
- Neurostimulators
- Cochlear Implants
- Breast Tissue Expander
- IVC Filter

Penile Implants

Sliver Backed Dermal Patches

Do not wear eye make-up. Music available during the examination.

PATIENTS WITH:

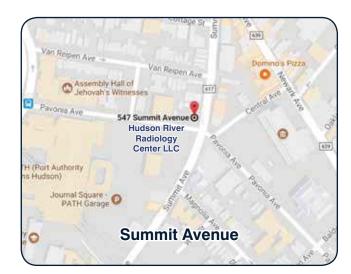
- PACEMAKERS
- •CEREBRAL ANEURYSM CLIPS •FEROMETALLIC IMPLANTS CAN NOT HAVE AN MRI EXAM PERFORMED.

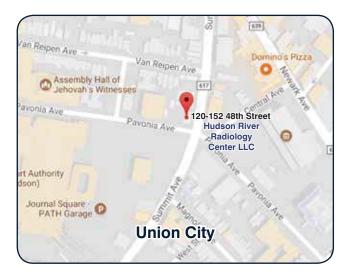
Breast MRI:

Has to be done between the 7th and 14th day after the menstrual cycle.

CT-SCAN:

Nothing to eat or drink 8 hours prior to the exam except water. Must pick up barium bottles from our office prior to the actual day of exam. Drink 1 bottle before bedtime and half a bottle 1 hour before exam.





ABDOMINAL SONOGRAM:

Nothing to eat or drink for 8 hours prior to exam.

OB AND PELVIC SONOGRAM:

30 minutes before exam drink 4 large glasses of water. Do not empty bladder, full bladder required.

DIGITAL MAMMOGRAM:

Do not use powder, deodorant or perfume on the underarms or breast area on the day of the exam. **Bring previous mammogram films.**

DEXA:

No calcium pills, vitamins with calcium or dairy products on day of exam.

No nuclear medicine studies or contrast studies day before exam.

△ATTENTION ALL PATIENTS:

Please wear loose and comfortable clothing when coming in for your diagnostic exam.
Please try not to bring any valuables when arriving for your diagnostic exams.

• Attention patients, please bring all related results and copies of studies performed.

Asthmatic or allergic patients, please pre-medicate. Diabetic patients needing contrast, please alert our office at the time of your appointment.



