



Radiology Medical Arts
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Patient's Name: _____
 DOB: _____
 Address: _____

 Phone: _____
 Mobile: _____
 Insurance Carrier: _____
 Policy ID#: _____
 Diagnosis: _____
 Special Instructions: _____
 Prior Study? Yes No
 When: _____
 Where: _____
 Fax Results ? Yes No
 Fax #: _____

Please return form to the
 Department of Radiology
 Fax # (917) 409-3839

Appointment:

Date: _____ Time: _____

PATIENTS MUST BRING THIS FORM AT TIME OF APPOINTMENT.

Referring Physician (print): _____

Physician's Address: _____

Physician's Phone: _____

License #: _____ NPI #: _____

REFERRING PHYSICIAN'S SIGNATURE (REQUIRED):

X _____

Primary Care Physician's Name: _____

PCP's Phone: _____

X RAY

- Abdomen flat/Upright (2v)
- Abdomen (KUB)
- Acute Abd Series (2v) + PA Chest
- Ankle Complete (3v)
- Bone/Skeletal Survey Study
- Calcaneus (2v)
- Chest PA & LAT (2v)
- Clavical (2v)
- Elbow (3v)
- Femur (2v)
- Finger (3v)
- Foot (3v)
- Forearm (2v)
- Hand (3v)
- Hip (2v)
- Hip B/L (2v) w/ AP Pelvis
- Humerus (2v)
- Knee (3v)
- KUB
- Lumbar Spine (v2) Or (v3)
- Lumbar (4v)
- Pelvis (1-2v)
- Rib – Uni min (2v) ___L___R
- Rib – Uni w/PA Chest min (min 3v) _L_R
- Ribs – Bilat Ribs
- Bilat Ribs w/ a PA Chest
- Sacrum/Coccyx (3v)
- Shoulder Complete (2v minimum)
- S.I Joints Bilat (3v)
- Sinus (3v)
- Thoracic (4v)
- Tibia/Fibula (2v)
- Wrist (3v) IVP
- (v2) or (v3) Cervical
- Other _____

CT (w/ 3-D Recon. if necessary)

- Contrast** Yes No With & Without
- Is there any reason why this patient CANNOT receive IV contrast?
 Yes No
- Brain
 - IAC / Temporal Bones
 - Sinuses
 - Screen / Limited
 - Coronal
 - Multiplanar
 - Neck, soft tissue
 - C pine Spine L-S Spine
 - Chest
 - Lung Screening
 - Abdomen - non-Cancer
 - Abdomen - wo/w contrast, hx of Cancer
 - Abdomen/Pelvis (2 precerts)
 - Pelvis
 - Kidney - mass (with contrast)
 - CT/IVP
 - Flank Pain/CT Urogram (without contrast)
 - Virtual Colonoscopy (screening)
 - Extremity _____ R or L
 - Other _____

MR

- Contrast** Yes No With & Without
- Brain Posterior Fossa
 - IAC and Brain Cranial Nerve
 - Neck, soft tissue Pituitary and Brain
 - Orbits and Brain TMJ
 - Orbits (only)
 - MRA Carotids
 - MRAngio (specify) _____
- SPINE** - select from the options below:
- Cervical Thoracic
 - Lumbar Sacrum
 - Metastatic Survey Kidney
 - Liver Prostate
 - Pelvis Brachial
 - Breast (w/ 3-D Recon, if necessary)
 - Extremity _____ R or L
 - Arthrogram (specify) _____
 - Other _____

GENERAL

- Chest PA / Lat Survey Complete
- Ribs (PA Chest) R or L
- Abdomen Obstructive Series
- Abdomen (KUB)
- C Spine T Spine L-S Spine
- Skull Orbits
- Facial Bones Sinuses
- Neck, soft tissue Nasal Bones
- Extremity _____ R or L
- Other _____