

QUEENS
Flushing
 43-55 147th Street
 Tel: 718-762-0900 • Fax: 718-886-5659
Flushing - Nuclear
 147-05 Elm Avenue
 Tel: 718-888-1568 • Fax: 718-888-1569
Jackson Heights
 37-17 76th Street
 Tel: 718-424-1400 • Fax: 718-424-1490
Jackson Heights - Nuclear
 37-17 76th Street
 Tel: 718-457-6920 • Fax: 718-457-7684
Kew Gardens
 80-02 Kew Gardens Road, Suite L1
 Tel: 718-544-5151 • Fax: 718-544-5401
Kew Gardens - Nuclear
 80-02 Kew Gardens Road, Suite L1
 Tel: 718-544-2159 • Fax: 718-544-2992

BROOKLYN
Bensonhurst
 2215 79th Street
 Tel: 718-331-7000 • Fax: 718-259-1438
Bensonhurst - Nuclear
 1783 Stillwell Avenue
 Tel: 718-837-1427 • Fax: 718-232-3497
Mill Basin
 2475 Ralph Avenue
 Tel: 718-444-3777 • Fax: 718-629-4493
Mill Basin - Nuclear
 6301 Mill Lane
 Tel: 718-444-2621 • Fax: 718-444-1056
Downtown Brooklyn
 9 Bond Street
 Tel: 718-222-3000 • Fax: 718-222-4653
Downtown Brooklyn - Nuclear
 9 Bond Street
 Tel: 718-222-9202 • Fax: 718-834-1058
Bay Ridge
 6740 3rd Avenue
 Tel: 718-491-5822 • Fax: 718-491-7800
Midwood
 1230 Avenue R
 Tel: 718-376-6300 • Fax: 718-376-6336
Brooklyn Avenue
 1014 Brooklyn Avenue
 Tel: 718-282-7000 • Fax: 718-282-7068
Atlantic Avenue (MRI Only)
 457 Atlantic Avenue
 Tel: 718-222-2674 • Fax: 718-222-2676

MANHATTAN
Washington Heights
 4120 Broadway (174th Street)
 Tel: 212-543-1800 • Fax: 212-543-2002
Washington Heights - Nuclear
 4120 Broadway (174th Street)
 Tel: 212-543-4141 • Fax: 212-543-9555
Upper West Side
 130 Street 79th Street
 Tel: 212-362-5300 • Fax: 212-362-5302

BRONX
Fordham
 410 East 189th Street
 Tel: 718-220-2500 • Fax: 718-364-5174
Fordham - Nuclear
 410 East 189th Street
 Tel: 718-733-6826 • Fax: 718-364-0938
Pelham
 3250 Westchester Avenue, Suite LL1
 Tel: 718-892-2230 • Fax: 718-892-3052
Pelham - Nuclear
 3250 Westchester Avenue, Suite LL1
 Tel: 718-823-8616 • Fax: 718-823-8615

NASSAU
Hewlett
 1137 Broadway
 Tel: 516-569-8885 • Fax: 516-791-4318
Hewlett - Nuclear
 1184 Broadway
 Tel: 516-791-9600 • Fax: 516-791-9605

GENERAL RADIOLOGY		CPT	ICD-9
■ Skull 2-3 views		□ 70250	
■ Skull 4 views		□ 70260	
■ Orbits 4 views - Complete Lt. Rt.		□ 70200	
■ Optic Foramina		□ 70190	
■ Facial Bones 3 views		□ 70150	
■ Facial Bones <3 views		□ 70140	
■ Nasal Bones 3 views		□ 70160	
■ Nasal Bones <3 views		□ 70140	
■ Paranasal / Sinuses 3 views		□ 70220	
■ Paranasal / Sinuses <3 views		□ 70210	
■ TMJ - Unilateral		□ 70328	
■ TMJ - Bilateral		□ 70330	
■ IAC - Unilateral		□ 70328	
■ IAC - Bilateral		□ 70330	
■ Nasopharynx/Soft Tissue Neck		□ 70360	
■ Cervical Spine with obliques 4 views		□ 72050	
■ Cervical Spine 2-3 views		□ 72040	
■ Cervical Spine Single view		□ 72020	
■ Cervical Spine include flexion/extension/oblique		□ 72052	
■ Thoracic Spine 2 views		□ 72070	
■ Lumbar Spine with obliques		□ 72110	
■ Lumbar Spine 2-3 views		□ 72100	
■ Lumbar Spine include flexion/extension		□ 72114	
■ Pelvis		□ 72170	
■ Sacrum/Coccyx		□ 72220	
■ SI Joints 3 or more views		□ 72202	
■ SI Joints <3 views		□ 72200	
■ Shoulder 2 or more views Lt. Rt.		□ 73030	
■ Shoulder 1 view Lt. Rt.		□ 73020	
■ Scapula Lt. Rt.		□ 73010	
■ Clavicle Lt. Rt.		□ 73000	
■ Chest PA/LAT		† 71020	
■ Chest PA only		† 71010	
■ Chest Decubitus w/PA/LAT Lt. Rt.		† 71035	
■ Chest Apical Lordotic w/PA/LAT		† 71021	
■ Chest Oblique w/PA/LAT		† 71022	
■ Ribs Bilateral w/PA chest 4 or more views		□ 71111	
■ Ribs Bilateral - chest 3 views		□ 71110	
■ Ribs Unilateral w/PA chest 3 or more views		□ 71101	
■ Ribs Unilateral - chest 2 views		□ 71100	
■ Sternum 2 views		□ 71120	
■ Steroclavicular Joint 3 views Lt. Rt.		□ 71130	
■ Arm/Humerus 2 or more views Lt. Rt.		□ 73060	
■ Arm/Humerus Single view Lt. Rt.		□ 73050	
■ Wrist 3 views Lt. Rt.		□ 73080	
■ Elbow 2 views Lt. Rt.		□ 73070	
■ Forearm 3 views Lt. Rt.		□ 73090	
■ Wrist 3 or more views Lt. Rt.		□ 73110	
■ Wrist 2 views Lt. Rt.		□ 73100	
■ Hand 3 or more views Lt. Rt.		□ 73130	
■ Hand 2 views Lt. Rt.		□ 73120	
■ Finger (digit #) Lt. Rt.		□ 73140	
■ Abdomen 1 view		□ 74000	
■ Abdomen - Flat/Upright (Complete)		□ 74020	
■ Anteroposterior and additional oblique & cone views		□ 74010	
■ Hip Bilateral w/pelvis		□ 73520	
■ Hip Unilateral 2 or more views Lt. Rt.		□ 73510	
■ Hip Unilateral 1 view Lt. Rt.		□ 73500	
■ Femur 2 views Lt. Rt.		□ 73550	
■ Knee 3 views Lt. Rt.		□ 73562	
■ Knee 1 or 2 views Lt. Rt.		□ 73560	
■ Tibia/Fibula Lt. Rt.		□ 73590	
■ Ankle 3 or more views Lt. Rt.		□ 73610	
■ Ankle 2 views Lt. Rt.		□ 73600	
■ Heel/Calcaneus Lt. Rt.		□ 73650	
■ Foot 3 or more views Lt. Rt.		□ 73630	
■ Foot 2 views Lt. Rt.		□ 73620	
■ Toe (digit #) Lt. Rt.		□ 73660	
■ Scoliosis Series		□ 72090	
■ Bone Age Study		□ 77072	
■ Skeletal Survey (Complete)		□ 77075	
■ Skeletal Survey (Limited)		□ 77074	
■ Other		† □	

Patient's Name: _____ **D.O.B.:** _____ **Date:** _____ 1
Reason for Exam/ICD-9: _____ **Insurance/Authorization #:** _____
Special Instructions: _____
 I hereby certify that the exam(s) ordered on Pages 1 and/or 2 is/are medically necessary to manage the care of the patient.
Physician's Name: _____ **Physician's Signature:** _____

LABORATORY VALUES			
Date Drawn: _____	Blood Urea Nitrogen: _____	Creatinine: _____	GFR Value: _____

CT / CTA		CPT	ICD-9
■ Check for 3D	□ 76377		
CT HEAD / FACE / NECK			
■ Head	† □ 70470	† □ 70460	† □ 70450
■ CTA Head	□ 70496		
■ Pituitary	† □ 70470	† □ 70460	† □ 70450
■ Temporal Bones/IAC	† □ 70482	† □ 70481	† □ 70480
■ Orbits	† □ 70482	† □ 70481	† □ 70480
■ Sinuses	† □ 70488	† □ 70487	† □ 70486
■ Mandible	† □ 70488	† □ 70487	† □ 70486
■ Maxilla	† □ 70488	† □ 70487	† □ 70486
■ Dentascans			
■ Neck Soft Tissue	† □ 70492	† □ 70491	† □ 70490
■ CTA Neck	□ 70498		
■ Other	† □	□	□
CHEST			
■ Routine Chest	† □ 71270	† □ 71260	† □ 71250
■ High Resolution	† □ 71270	† □ 71260	† □ 71250
■ Pulmonary Embolus	† □ 71275		
■ Pulmonary Nodules	† □ 71270	† □ 71260	† □ 71250
■ Aneurysm	† □ 71270	† □ 71260	† □ 71250
■ CTA Chest	□ 71275		
■ Other	† □	□	□
ABDOMEN / PELVIS			
■ Abdomen & Pelvis	† □ 74178	† □ 74177	† □ 74176
■ Upper Abdomen	† □ 74170	† □ 74160	† □ 74150
■ Kidney Stone Protocol	† □ 74170	† □ 74160	† □ 74150
■ Triple Phase Protocol	† □ 74170	† □ 74160	† □ 74150
■ Hemangioma Protocol	† □ 74170	† □ 74160	† □ 74150
■ Pancreatic Protocol	† □ 74170	† □ 74160	† □ 74150
■ Renal Protocol	† □ 74170	† □ 74160	† □ 74150
■ Urogram Protocol	□ 74178		
■ Pelvis only	† □ 72194	† □ 72193	† □ 72192
■ CTA Abdomen	□ 74175		
■ CTA Abdomen/Pelvis	□ 74175 / 72191		
■ Elbow 3 views	□ 72191		
■ CTA Pelvis	□ 74175 / 72191 / 73706		
■ CTA Aortic Runoff	□ 74175 / 72191 / 73706		
■ Other	† □	□	□
SPINE			
■ Cervical	† □ 72127	† □ 72126	† □ 72125
■ Thoracic	† □ 72130	† □ 72129	† □ 72128
■ Lumbar	† □ 72133	† □ 72132	† □ 72131
■ Other	† □	□	□
EXTREMITIES			
■ Upper Lt. Rt.	† □ 73202	† □ 73201	† □ 73200
■ Lower	† □ 73702	† □ 73701	† □ 73700
■ CTA Upper Ext.	□ 73206		
■ CTA Lower Ext.	□ 73706		
■ Other	† □	□	□

CCTA		w/contrast	w/o contrast
■ CTA Coronary (CCTA)	† □ 75574	□ n/a	
■ Calcium Scoring only	□ n/a	† □ 75571	
■ Computed Tomography, Heart	□ 75573	□ 75572	

IIVP	
■ IVP	□ 74400 □ n/a

FLUOROSCOPY	
■ Esophagram	□ 74220/76000
■ Upper GI w/Small Bowel-Double Contrast	□ 74249
■ Upper GI Double Contrast with KUB	□ 74247
■ Upper GI Double Contrast w/o KUB	□ 74246
■ Small Bowel Series	□ 74250/76000
■ Barium Enema Double Contrast	□ 74270
■ Hysterosalpingogram (53840)	□ 74740
■ Other	† □

MRI / MRA		CPT	ICD-9
NEURO			
■ Brain	† □ 70553	† □ 70552	† □ 70551
■ MRA Brain			
■ (Intracranial Circle of Willis)	† □ 70546	† □ 70545	† □ 70544
■ MRV Brain	† □ 70546	† □ 70545	† □ 70544
■ Neck Soft Tissue	† □ 70543	† □ 70542	† □ 70540
■ MRA Carotid	† □ 70549	† □ 70548	† □ 70547
■ Pituitary	† □ 70553	† □ 70552	† □ 70551
■ IAC's	† □ 70553	† □ 70552	† □ 70551
■ Orbits	† □ 70543	† □ 70542	† □ 70540
■ Sinuses	† □ 70543	† □ 70542	† □ 70540
■ Face	† □ 70543	† □ 70542	† □ 70540
■ Brachial Plexus	† □ 70543	† □ 70542	† □ 70540
■ TMJ Lt. Rt.	□ n/a	□ n/a	† □ 70336
■ Cervical Spine	† □ 72156	† □ 72142	† □ 72141
■ Thoracic Spine	† □ 72157	† □ 72147	† □ 72146
■ Lumbar Spine	† □ 72158	† □ 72149	† □ 72148
■ Sacrum/Coccyx	† □ 72197	† □ 72196	† □ 72195
■ Spine Metastatic Survey	† □ 72156/57/58	† □ 72141/46/48	
■ Other	† □	□	□
MUSCULOSKELETAL			
■ Shoulder Lt. Rt.	† □ 73223	† □ 73222	† □ 73221
■ Elbow Lt. Rt.	† □ 73223	† □ 73222	† □ 73221
■ Wrist Lt. Rt.	† □ 73223	† □ 73222	† □ 73221
■ Hand Lt. Rt.	† □ 73220	† □ 73219	† □ 73218
■ Hip Lt. Rt.	† □ 73723	† □ 73722	† □ 73721
■ Knee Lt. Rt.	† □ 73723	† □ 73722	† □ 73721
■ Ankle Lt. Rt.	† □ 73723	† □ 73722	† □ 73721
■ Foot Lt. Rt.	† □ 73720	† □ 73719	† □ 73718
■ MRI - Lt. Rt.			
■ Upper Extremity Non Joint	† □ 73220	† □ 73219	† □ 73218
■ MRI - Lt. Rt.			
■ Lower Extremity Non Joint	† □ 73720	† □ 73719	† □ 73718
■ Other	† □	□	□
BODY			
■ Chest	† □ 71552	† □ 71551	† □ 71550
■ Breast-Bilateral	† □ 77059	□ n/a	□ n/a
■ Breast-Bilateral w/3D Cad	† □ 77059 / 76377		
■ Breast-Unilateral Lt. Rt.	† □ 77058	□ n/a	□ n/a
■ Breast-Unilateral Lt. Rt. w/3D Cad	† □ 77058 / 76377		
■ MRA Chest	† □ 71555	□ n/a	□ n/a
■ MRA Thoracic Aorta	† □ 71555	□ n/a	□ n/a
■ MRA - Pulmonary Artery (Embol)	† □ 71555	□ n/a	□ n/a
■ Abdomen	† □ 74183	† □ 74182	† □ 74181
■ MRA Abdomen	† □ 74185	□ n/a	□ n/a
■ MRA Abdominal Aorta	† □ 74185	□ n/a	□ n/a
■ MRA Renal Arteries	† □ 74185	□ n/a	□ n/a
■ MRCP	† □ 74183	† □ 74182	† □ 74181
■ Pelvis	† □ 72197	† □ 72196	† □ 72195
■ Prostate	† □ 72197	† □ 72196	† □ 72195
■ MRA Upper Extremity	† □ 73225	□ n/a	□ n/a
■ MRA Lower Extremity	† □ 73725	□ n/a	□ n/a
■ MR Venogram - Lower Extremity	† □ 73719	□ n/a	□ n/a
■ MRA Runoff	† □ 74185 / 72198 / 73725		
■ Other	† □	□	† □

Patient's Name: _____ **D.O.B.:** _____ **Date:** _____
Reason for Exam/ICD-9: _____ **Insurance/Authorization #:** _____
Special Instructions: _____
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Physician's Name: _____ **Physician's Signature:** _____

MAMMOGRAPHY

Our standard protocol uses CAD as an additional diagnostic tool

■ Screening Bilateral	† <input type="checkbox"/> G0202/77052
■ Diagnostic Bilateral	† <input type="checkbox"/> G0204/77051
■ Diagnostic Unilateral Lt. Rt.	† <input type="checkbox"/> G0206/77051
■ DO NOT USE CAD	<input type="checkbox"/>

DEXA

■ Bone Densitometry	† <input type="checkbox"/> 77080
■ Vertebral Fracture Assessment	<input type="checkbox"/> 77082

BIOPSY

■ Ultrasound Guided Vacuum	<input type="checkbox"/> Lt. <input type="checkbox"/> Rt.
■ Ultrasound Guided FNA Breast Biopsy	<input type="checkbox"/> Lt. <input type="checkbox"/> Rt.
■ Ultrasound Guided FNA Thyroid Biopsy	<input type="checkbox"/> Lt. <input type="checkbox"/> Rt.
■ Stereotactic Biopsy	<input type="checkbox"/> Lt. <input type="checkbox"/> Rt.
■ MRI Guided Breast Biopsy	<input type="checkbox"/> Lt. <input type="checkbox"/> Rt.
■ Other	_____

ULTRASOUND DOPPLER

■ Abdominal Aorta - Complete Study	† <input type="checkbox"/> 93978
■ Abdominal Aorta- Unilateral or Limited	† <input type="checkbox"/> 93979
■ IVC - Complete Study	† <input type="checkbox"/> 93978
■ IVC - Unilateral or Limited Study	† <input type="checkbox"/> 93979
■ Iliac Arteries- Unilateral or Limited Study Lt. Rt.	† <input type="checkbox"/> 93979
■ Iliac Veins- Unilateral or Limited Study Lt. Rt.	† <input type="checkbox"/> 93979
■ Mesenteric Arteries- Complete Study (eg.Celiac,SMA)	† <input type="checkbox"/> 93975
■ Mesenteric Arteries- Limited Study (eg.Celiac,SMA)	† <input type="checkbox"/> 93976
■ Renal Arteries - Complete Lt. Rt.	† <input type="checkbox"/> 93975
■ Renal Arteries - Limited Lt. Rt.	† <input type="checkbox"/> 93976
■ Hepato-Portal Venous System - Complete Study	† <input type="checkbox"/> 93975
■ Hepato-Portal Venous System - Limited Study	† <input type="checkbox"/> 93976
■ Scrotal/Testicular Vasculature - Complete Study Lt. Rt.	† <input type="checkbox"/> 93975
■ Scrotal/Testicular Vasculature - Limited Study Lt. Rt.	† <input type="checkbox"/> 93976
■ Ovarian/Uterine Vasculature - Complete Study Lt. Rt.	† <input type="checkbox"/> 93975
■ Ovarian/Uterine Vasculature - Limited Study Lt. Rt.	† <input type="checkbox"/> 93976
■ Hemodialysis Access - Duplex Scan Lt. Rt.	† <input type="checkbox"/> 93990
■ Other	† <input type="checkbox"/>

ECHOCARDIOGRAPHY

■ Echocardiography w/Color Doppler & Velocity Mapping	† <input type="checkbox"/> 93306
■ Echocardiography w/o Color Doppler	† <input type="checkbox"/> 93307
■ Echocardiography Follow-Up, Limited	† <input type="checkbox"/> 93308
■ Other	† <input type="checkbox"/>

Please send images on CD Check here if you require additional referral forms



ULTRASOUND

GENERAL

■ Abdomen-Complete	† <input type="checkbox"/> 76700
■ Abdomen Upper-Limited (eg. Single Organ)	† <input type="checkbox"/> 76705
Indicate: _____	
■ Bladder	† <input type="checkbox"/> 76857
■ Retroperitoneum-Complete	† <input type="checkbox"/> 76770
■ Retroperitoneum-Limited	† <input type="checkbox"/> 76775
■ Male Pelvis (Prostate) Complete	† <input type="checkbox"/> 76856
■ Male Pelvis (Prostate) Limited or F/up	† <input type="checkbox"/> 76857
■ Prostate: Transrectal	† <input type="checkbox"/> 76872
■ Pelvis: Transabdominal - Complete	† <input type="checkbox"/> 76856
■ Pelvis: Transabdominal - Limited or F/up	† <input type="checkbox"/> 76857
■ Scrotum/Testicles	<input type="checkbox"/> 76870
■ Thyroid	† <input type="checkbox"/> 76536
■ Neck, Soft Tissue	† <input type="checkbox"/> 76536
■ Breast - Unilateral Lt. Rt.	† <input type="checkbox"/> 76645
■ Breast - Bilateral	† <input type="checkbox"/> 76645
■ Breast - 3D Volumetric (Bensonhurst)	† <input type="checkbox"/> 76377
■ Chest Sono	<input type="checkbox"/> 76604
■ Extremity or other MSK (Complete)	† <input type="checkbox"/> 76881
■ Extremity or other MSK (Limited)	<input type="checkbox"/> 76882
■ Other	† <input type="checkbox"/>

OB/GYN

■ Pelvis: Transabdominal	† <input type="checkbox"/> 76856
■ Pelvis: Transvaginal	† <input type="checkbox"/> 76830
■ Pelvis: Limited (eg. Single Organ)	† <input type="checkbox"/> 76857
Indicate: _____	
■ Pelvis: SonoHysteroerography w/Saline Injection <input type="checkbox"/> 76831	<input type="checkbox"/> 58340
■ OB Sono - 1st Trimester	† <input type="checkbox"/> 76801
■ OB Sono - After 1st Trimester-(Level 2)	† <input type="checkbox"/> 76805
■ OB Sono - Detailed Fetal Anatomy Survey	† <input type="checkbox"/> 76811
■ OB Sono - Targeted-Limited (eg. AFI)	† <input type="checkbox"/> 76815
■ OB Sono - Transvaginal	† <input type="checkbox"/> 76817
■ OB Sono - Follow-up	† <input type="checkbox"/> 76816
■ OB Sono - Biophysical Profile	† <input type="checkbox"/> 76819
■ Other	† <input type="checkbox"/>

PET / CT

■ Oncology - Whole Body Imaging	† <input type="checkbox"/> 78816
■ Oncology - Limited Area Imaging	† <input type="checkbox"/> 78814
■ Oncology - Skull Base to Mid Thigh	† <input type="checkbox"/> 78815
■ Stress Perfusion Imaging with Pharmacological Stress (Rubidium Imaging) Multiple Studies - Stress and Rest Studies <input type="checkbox"/> 78492	† <input type="checkbox"/> 93015
■ Single Study with Pharmacological Stress or Rest Study <input type="checkbox"/> 78491	† <input type="checkbox"/> 93015
■ Neurology - Brain Imaging	† <input type="checkbox"/> 78608
■ Other	† <input type="checkbox"/>

Medical Necessity: Federal regulations require that only tests that are necessary for diagnosis and treatment of a patient's condition be ordered. ICD-9 Code for each test is required to prove medical necessity. All diagnosis codes must be coded to the highest level of specificity. The ordering provider represents that the diagnostic information provided with EACH test accurately reflects his/her current knowledge of the nature or severity of complaint or condition, and that this information can be substantiated by the patient's medical record.

† Please refer to the Medicare NCD/LCD for this service to ensure compliance with Medicare policy criteria for ordering, performing, documenting, coding and billing requirements for this service.

EXTREMITY VASCULAR

EXTREMITIES	CPT	ICD-9
■ Arterial - Complete Spectral Doppler Waveform Analysis B/L	† <input type="checkbox"/> 93923	
Lower Extremities - Duplex Complete B/L	† <input type="checkbox"/> 93925	
Lower Extremities - Duplex Limited or Unilateral Lt. Rt.	† <input type="checkbox"/> 93926	
Upper Extremities - Duplex Complete B/L	† <input type="checkbox"/> 93930	
Upper Extremities - Duplex Limited or Unilateral Lt. Rt.	† <input type="checkbox"/> 93931	
■ ABI (Ankle Brachial Indices) - Bilateral	† <input type="checkbox"/> 93922	
■ Venous - Complete Spectral Doppler Waveform Analysis B/L	† <input type="checkbox"/> 93965	
Lower Extremities - Duplex Complete B/L	† <input type="checkbox"/> 93970	
Lower Extremities - Duplex Limited or Unilateral Lt. Rt.	† <input type="checkbox"/> 93971	
Upper Extremities - Duplex Complete Bilateral	† <input type="checkbox"/> 93970	
Upper Extremities - Duplex Limited or Unilateral Lt. Rt.	† <input type="checkbox"/> 93971	

EXTRACRANIAL / VASCULAR

■ Carotid Arteries - Complete Spectral Doppler & Waveform Analysis B/L	† <input type="checkbox"/> 93875
Duplex Complete B/L	† <input type="checkbox"/> 93880
Duplex Limited or Unilateral Lt. Rt.	† <input type="checkbox"/> 93882
■ Vertebral Arteries Extracranial Duplex Complete B/L	† <input type="checkbox"/> 93880
Duplex Limited or Unilateral Lt. Rt.	† <input type="checkbox"/> 93882
■ Jugular Veins Duplex Complete B/L	† <input type="checkbox"/> 93880
Duplex Limited or Unilateral Lt. Rt.	† <input type="checkbox"/> 93882
■ Other	† <input type="checkbox"/>

NUCLEAR MEDICINE

CARDIOLOGY

■ Nuclear Medicine Myocardial Perfusion Imaging Stress and Resting Studies with Ejection Fraction and Wall Motion Studies Multiple Studies	† <input type="checkbox"/> 78452
<input type="checkbox"/> Treadmill Exercise <input type="checkbox"/> Pharmacological	
■ Nuclear Medicine Myocardial Perfusion Imaging Stress or Resting Study with Ejection Fraction and Wall Motion Studies Single Study	† <input type="checkbox"/> 78451
<input type="checkbox"/> Treadmill Exercise <input type="checkbox"/> Pharmacological	
■ Treadmill Stress Test (No Imaging)	† <input type="checkbox"/>
■ 12 Lead EKG	† <input type="checkbox"/> 93000
■ Holter Monitoring	† <input type="checkbox"/> 93224
■ MUGA/Ejection Fraction	† <input type="checkbox"/> 78472
■ Event Monitoring	† <input type="checkbox"/> 93268

NUCLEAR MEDICINE

■ Bone Scan - Whole Body	<input type="checkbox"/> 78306
Limited Area	<input type="checkbox"/> 78300
Multiple Area	<input type="checkbox"/> 78305
3 Phase	<input type="checkbox"/> 78315
■ Thyroid Uptake Only (no scan)	<input type="checkbox"/> 78000
■ Thyroid Scan and Uptake	<input type="checkbox"/> 78006
■ Renal Scan & Vascular Flow (and function)	<input type="checkbox"/> 78707
■ Renal Scan with Vascular Flow only (no function)	<input type="checkbox"/> 78701
■ Renal Scan without Vascular Flow (no function)	<input type="checkbox"/> 78700
■ Renal Scan & Vascular Flow w/Diuretic	<input type="checkbox"/> 78708
■ Renal Scan & Vascular Flow w/Angiotension Enzyme	<input type="checkbox"/> 78709
■ Liver Spleen	<input type="checkbox"/> 78215
■ Gallium Scan - Whole Body	<input type="checkbox"/> 78806
■ Gallium Scan - Limited Area	<input type="checkbox"/> 78805
■ Parathyroid	<input type="checkbox"/> 78070
■ Hemangioma - Liver imaging with Vascular Flow	<input type="checkbox"/> 78206
without Vascular Flow	<input type="checkbox"/> 78205
■ Hepatobiliary Imaging <input type="checkbox"/> with CCK	<input type="checkbox"/> 78223
■ Other	† <input type="checkbox"/>

PREPARATIONS

LAB Values: BUN: _____ CREAT: _____
 Date Drawn: _____ GFR: _____

IV Contrast related studies (CT, MRI, IVP) Gadolinium/Iodinated Contrast

*Blood work is needed on all patients 65+ and patients who have diabetes, hypertension, multiple myeloma, renal disease/insufficiency/failure, nephrectomy (one kidney), or renal surgery, renal transplant, renal tumor(s), and/or severe hepatic (liver) disease/liver transplant.
 *Blood work criteria: Date drawn (within 60 days), BUN, Creatinine, & GFR (if available).

CT Scans

Please inform us if you are diabetic and what medications you are taking. For all CT Scans with IV contrast, do not eat or drink 4 to 6 hours prior to exam. Please review IV contrast guidelines at top of form. Please supply Bun/Creat levels and inform us if you are diabetic and take any medications. Asthmatic or Allergic patients, please medicate; Diabetic patients needing contrast, please alert our office at the time of your appointment.

Intravenous Pyelogram (IVP)

At 6:00 PM - night before - drink one 10 oz. bottle of citrate of magnesia. You may have a moderate supper. Beginning at 8:00 PM until bedtime - drink four 8 oz. glasses of water. Nothing to eat or drink after midnight until your exam is completed.

MRI (Magnetic Resonance Imaging)

Please call our office before your appointment if any of the following apply: Surgical vascular clips, Breast tissue expander, Pacemaker, Neurostimulators, IVC filter, Silver backed dermal patches, Cochlear implants, Penile implants. Do not wear eye make-up. Music is available during the exam. NPO 4 hours prior to exam if with contrast.

MRI with contrast: Please review IV contrast guidelines.
 MRCP/Abdomen exams: No food or liquids 4 hours prior to exam.

Barium Enema with Contrast

Clear liquid diet 24 hours prior to exam. Liquids include clear juices (such as apple, cranberry and white grape), clear soups, jello, coffee or tea. No milk products or carbonated beverages. At 8:00 PM - night before - drink one 10 oz. bottle of citrate of magnesia; At 10:00 PM - night before - take two Duocolax Pills with water. Beginning at 8:00 PM until Midnight drink four 8 oz. glasses of water; On the morning of the exam, please take fleet enema (which is available at any pharmacy or drug store). You may have any liquid listed above.

UGI and Esophagram

Nothing to eat or drink after 12:00 Midnight.
Hysterosalpinogram

Call site for preparations.

Biopsy

For all types of Breast Biopsy: Stereotactic, Ultrasound or MRI - Please call designated site for preparations. (Flushing/Bay Ridge)

Sonography

Pelvis - Drink 20-24 oz. of water in our office. Do not release your bladder before the test.
SonoHysteroerography - Keep the bladder empty. Consult your physician about pain medication if needed.
Abdomen - (Follow Strictly) No food or drink 8 hours prior to test. Medication can be taken with water only.
Retroperitoneum - (Follow Strictly) No food, dairy products or carbonated drinks 8 hours prior to the test. Drink 12-14 oz. of water in the office. Do not release your bladder.

OB 1st Trimester - (up to 4 months of pregnancy) Drink 20-24 oz. of water in the office. Do not release your bladder before the test.

OB 2nd Trimester - (between 4 & 7 months of pregnancy) Drink 16-18 oz. of water in the office. Do not release your bladder before the test.

OB 3rd Trimester - (last 2 months of pregnancy) Drink 12-14 oz. of water in the office. Do not release your bladder before the test.

Mammography

No perfume, powder or deodorant on day of exam. Keep breast and underarm area clear of any contaminants. Please bring any previous mammograms.
DEXA

No calcium supplements 24 hours prior to exam.
PET/CT, Nuclear Cardiology, Nuclear Medicine

Call 24 hours in advance for preparations if you have not received them from our office or your physician.