



American Imaging Center

EDISON

Premier Outpatient Radiology Services

1.5T HD Wide Bore MRI Open/Extremity MRI Digital Mammography CT Scan Ultrasound

Call Stat Report Films CD Online Access

1921 Oak Tree Road • Edison, NJ 08820 • Tel: 732.474.1111 • Fax: 732.474.1119 • Fax: 866.362.9012

Walk-ins Welcome • Early Morning & Late Evening Appointments Available • We Accept all Insurances and Self Pays

PATIENT NAME _____

REASON FOR EXAM / DIAGNOSIS _____

PHYSICIAN'S NAME _____ TELEPHONE _____

PHYSICIAN'S SIGNATURE _____

I hereby certify that the exam(s) ordered on this form is/are medically necessary to manage the care of the patient.

1.5T HD WIDE BORE MRI **EXT. MRI**

WITH AND WITHOUT CONTRAST * WITHOUT CONTRAST

*BUN _____ CREAT _____ Date of Blood Work _____

HEAD

- Brain (routine)
- Brain (seizure protocol) 3T Only
- Brain (high field trauma sequence) 3T Only
- IAC'S
- Orbits (optic nerve)
- Pituitary Gland (w/wo contrast)
- Sinuses
- TMJ

MR ANGIOGRAM

- Carotids
- Cerebral
- Renals
- Aorta
- Lower Extremities Runoff (includes Abdomen, Pelvis, Lower Extremities)
- Upper Extremities Runoff (Chest, Arm, Forearm, Hand)
- MRCP

SPINE

- Cervical Level: _____
- Thoracic Level: _____
- Lumbar Level: _____
- Pelvic Bone (w/ sacrum/coccyx)

MR VENOGRAPHY

- Abdomen
- Pelvis
- Chest
- Neck
- Cerebral

CHEST/BODY

- Neck (soft tissue)
- Breast MRI with CAD (bilateral) w/wo contrast

MRI ARTHROGRAM

- Shoulder L R B
- Knee L R B
- Elbow L R B
- Ankle L R B
- Hip L R B
- Wrist L R B

ABDOMEN

- Abdomen w/o contrast
- Abdomen w/wo contrast
- MR Urogram (no contrast)

EXTREMITIES

- Knee L R B
- Ankle L R B
- Foot L R B
- Shoulder L R B
- Elbow L R B
- Wrist L R B
- Hand L R B
- Thigh L R B
- Hip L R B
- Lower Leg L R B

PELVIS

- Pelvis w/o contrast
- Pelvis w/wo contrast
- Male Pelvic Bone
- Female Pelvic
- MRI Prostate with CAD w/wo contrast

PET/CT (Hackensack Only)

- Oncology Type _____
- Dignosis
- Staging
- Restaging
- Bone Scan
- Myocardial Viability Study _____
- Neuro/Alzheimer _____

CT-SCAN BUN _____ CREAT _____

- LOW DOSE**
- | | with & w/o | w/o |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Brain w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Pituitary w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Orbits w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Temporal Bones/IAC w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Sinuses w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Neck-Soft Tissue w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Lung w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Chest w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Abdomen/Pelvisw/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Pelvis w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Cervical Spine w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Thoracic Spine w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Lumbar Spine w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Extremities w/3D | <input type="checkbox"/> | <input type="checkbox"/> |

CT-Angiogram BUN _____ CREAT _____

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> CTA Heart | <input type="checkbox"/> CTA Pelvis |
| <input type="checkbox"/> CTA Head | <input type="checkbox"/> CTA Upper |
| <input type="checkbox"/> CTA Carotid | <input type="checkbox"/> CTA Lower |
| <input type="checkbox"/> CTA Chest | <input type="checkbox"/> CTA Aorta |
| <input type="checkbox"/> CTA Abdomen Aorta | |

Sonography

- Abdomen/Retroperitoneum w/Doppler
- Female Pelvis/Transabd/Transvag w/Doppler
- OB Sono 1st Trimester w/Doppler
- OB Sono Targeted w/Doppler
- OB Sono BPP Limited Scan
- Male Pelvis/Transabd w/Doppler
- Thyroid w/Color Mapping
- Breast w/Color Mapping
- Testicular w/Doppler
- Extremity
- Other _____

Vascular Doppler

- LE - (Lower Extremity) - Arterial L R B
- UE - (Upper Extremity) - Arterial L R B
- LE - Venous L R B
- ABI - Ankle Brachial Indices L R B
- Carotid
- Vertebral w/Limited Intracranial Imaging
- Abdominal Vasculature
- Other _____

Digital X-RAY

- Skull RT LT
- Orbits RT LT
- Facial Bones
- Nasal Bones
- Paranasal Sinuses
- Nasopharynx/Soft Tissue Neck
- Cervical Spine
- Thoracic Spine
- Lumbar Spine/Pelvis
- Pelvis
- Sacrum/Coccyx
- SI Joints RT LT
- Shoulder RT LT
- Scapula RT LT
- Clavicle RT LT
- Chest PA/LAT
- Ribs RT LT
- Sternum RT LT
- Arm/Humerus RT LT
- Elbow RT LT
- Forearm RT LT
- Wrist RT LT
- Hand RT LT
- Finger RT LT
- Abdomen - KUB
- Abdomen -Flat/Upright RT LT
- Hip RT LT
- Knee RT LT
- Tibia/Fibula RT LT
- Ankle RT LT
- Heel/Calcaneous RT LT
- Foot RT LT
- Toe RT LT
- Skeletal Survey
- Scoliosis Series
- Other _____

Digital Mammography

- Screening
- Diagnostic RT LT
- Unilateral RT LT

DEXA

- Bone Densitometry
- Vertebral Fracture Assessment

Echocardiography

- Echocardiography w/Color Doppler & Velocity Mapping

*24 hour notice required for cancellation or changes to your appointment

PATIENT INSTRUCTIONS

MRI (Magnetic Resonance)

- Surgical vascular clips • Neurostimulators • Cochlear Implants
- Breast Tissue Expander • IVC Filter • Penile Implants
- Pacemaker • Silver backed dermal patches

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

Patients with pacemakers, cerebral aneurysm clips, ferrometallic implants CANNOT HAVE AN MRI EXAM PERFORMED.

There is special preparation for abdominal and pelvic MRI: nothing to eat or drink 4 hours until the exam.

BREAST MRI: has to be done between the 7th and 14th day after the menstrual cycle.

MRCP: nothing to eat or drink 12 hours prior to the exam.

CT SCAN: Nothing to eat or drink 6 hours before exam. For contrast administration please supply Bun/Creat levels and inform us if you are diabetic and take Glucophage or Glucovance

CT INFORMATION:

BUN _____ **CREAT** _____

Date of Blood Work _____ **Asthmatic or Allergic Patients, please premedicate. Diabetic Patient needing contrast, please alert our office at the time of your appointment.**

ABDOMINAL SONOGRAM: Nothing to eat or drink for 8 hours prior to exam.

OB and PELVIC SONOGRAM:

1-1/2 hours 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 exam. **Bring previous mammogram films.**

NUCLEAR MEDICINE:

Call for preparation.

DEXA:

No calcium pills, vitamins with calcium or dairy products on day of exam. No nuclear medicine studies or contrast studies day before exam.

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