

- Forest Hills:**  
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- Empire:**  
113-02 Queens Boulevard, Forest Hills, NY 11375  
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- Astoria:**  
27-47 Crescent Street, Suite 107, Astoria, NY 11102  
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- Hewlett:**  
227 Franklin Avenue, Hewlett, NY 11557  
Fax: (516) 569-8225
- Elmont:**  
545 Elmont Road, Elmont, NY 11003  
Fax: (516) 328-7132

1-800-220-2220

www.neighborhoodrad.com

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**History/Diagnosis:** \_\_\_\_\_  
**Referring Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**STAT**   
**CD to go w/patient**   
**TIN: 473780447**  
**NPI: 1154718757**

**MRI**  With Contrast  Without Contrast

**Neuro/ENT/Spine**

- Brain
- Orbits
- Pituitary
- IAC's
- Sinuses
- TMJ
- Soft Tissue Neck
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Brachial Plexus
- Lumbosacral Plexus

**Body**

- Chest
- Abdomen
- Pelvis  M  F
- Bony Pelvis
- Prostate
- MRCP

**MR ANGIOGRAPHY**

- Brain/COW
- Carotid Arteries
- Thoracic Aorta
- Abdominal Aorta
- Renal Arteries
- Lower Extremity

**MR VENOGRAPHY**

- Brain
- Lower Extremity

**ARTHROGRAM**

	<b>R</b>	<b>L</b>
<input type="checkbox"/> Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hip	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Knee	<input type="checkbox"/>	<input type="checkbox"/>

**Extremity**

	<b>R</b>	<b>L</b>
<input type="checkbox"/> Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elbow	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wrist	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hand	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hip	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Femur	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Knee	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tibia/Fibula	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ankle	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fore/Midfoot	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mid/Hindfoot	<input type="checkbox"/>	<input type="checkbox"/>

**OTHER STUDY:** \_\_\_\_\_

**CT**  With Contrast  Without Contrast

**Neuro/ENT/Spine**

- Brain
- Orbits
- Pituitary
- Temporal Bones
- Sinuses
- Soft Tissue Neck
- Dental Maxilla<sup>1</sup>
- Dental Mandible<sup>1</sup>
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Sacrum/Coccyx

**Body**

- Chest
- Chest High Resolution
- Chest Low Dose
- Cardiac Scoring<sup>1</sup>
- Abdomen
- Urogram
- Pelvis
- Bony Pelvis

**CT ANGIOGRAPHY**

- Carotid Arteries
- Intracranial (Head)
- Thoracic Aorta
- Pulmonary Artery (CTPA)
- Renal Arteries
- Abdominal Aorta
- Lower Extremity

**CT VENOGRAPHY**

- Brain
- Lower Extremity

**OTHER STUDY:** \_\_\_\_\_

<sup>1</sup> Not covered by insurance

**X-RAY**

**Head/ENT**

- Skull
- Paranasal sinuses
- Soft tissue neck
- Nasal bones
- Facial bones
- Orbits

**Chest**

- Chest PA & lateral
- Sternum
- TMJ
- Ribs \_\_\_R \_\_\_L

**Abdomen**

- Flat/upright
- KUB

**Spine**

- Cervical spine
  - 2 views  3 views
  - Obliques  Flex/EXT
- Thoracic spine
  - Routine  Erect
- Lumbar spine
  - 3 views  Obliques
  - Flex/EXT  Erect
- Pelvis
- Sacrum/coccyx

**Specialty Exams**

- Skeletal Survey
- Bone age

<b>Extremity</b>	<b>R</b>	<b>L</b>	<b>BIL</b>
<input type="checkbox"/> Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Humerus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Radius/ulna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Femur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tibia/fibia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Toes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Weightbearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OTHER STUDY:** \_\_\_\_\_

**WOMEN'S BREAST IMAGING**

**Mammography & Ultrasound**

- Screening; Routine; Asymptomatic
- Breast Ultrasound  Dense Breast
- 3D Tomosynthesis\*
- Diagnostic \_\_\_\_\_  
(indicate symptoms, personal history of BCA or benign biopsy)

(indicate problem on diagram)  BIL  R  L

**Breast Biopsy\*\***

- Sono Guided Biopsy  R  L
- Stereotactic Biopsy  R  L

**MRI Breast\*\***

- With Contrast  Without Contrast
- MRI Breast
- MRI Breast Implants
- MRI Guided Biopsy\*

**ULTRASOUND**

- Thyroid
- Soft Tissue Neck
- Hepatobiliary/RUQ
- Abdomen
- Renal/Bladder
- Pelvis (female)
  - transabd & transvag  transabd  transvag
- Hysterosonogram
- Pelvis (male)
- Testicular/Scrotum
- OB (1st Trimester)
- OB Level II (2nd Trimester)
- OB Biophysical Profile
- Perform w/Duplex Doppler (if clinically indicated)

**OTHER STUDY:** \_\_\_\_\_

**Musculoskeletal\*\***  BIL  R  L  
 Diagnostic Body Part: \_\_\_\_\_

**US COLOR DOPPLER/VASCULAR**

- Carotid
- Hepatic/portal vein
- Upper Extremity
  - Arterial  BIL  R  L
  - Venous  BIL  R  L
- Aorta
- Renal Arteries
- Lower Extremity
  - Arterial  BIL  R  L
  - Venous  BIL  R  L

**FLUOROSCOPY\***

- Esophagram
- Barium enema with air
- Upper GI with air
- Upper GI with air & Small Bowel Series
- Small bowel series
- Hysterosalpingogram

**NUCLEAR MEDICINE\*\*\***

- Bone Scan  With Spect
- Whole Body
- Limited View (Area) \_\_\_\_\_
- 3 Phase Bone Joint (Area) \_\_\_\_\_
- Thyroid Pill, 24 Hour Uptake & Scan
- Liver Spleen Scan  With Spect
- Hepatobiliary Scan  With Ejection Fraction
- Parathyroid

**CARDIOLOGY\*\*\***

- Nuclear Stress Test
  - Treadmill Stress  Pharmacological Stress
- Treadmill Stress Only
- MUGA with Ejection Fraction

*Fluoroscopy coming soon to Queens!*  
 \*Performed only at our Hewlett location  
 \*\*Performed only at our Hewlett and Forest Hills locations  
 \*\*\*Performed only at our Empire location

**BONE DENSITY**

**ULTRASOUND GUIDED BIOPSY**

- Thyroid



**PATIENT PREPARATION INSTRUCTIONS FOR DIAGNOSTIC PROCEDURES**

**Magnetic Resonance Imaging MRI**

Wear clothing that does not contain metal fasteners. Please do not wear jewelry, eye make up or hair pins/clips. If your exam requires a contrast injection, please wear clothing with short sleeves. If you have a pacemaker **OR** ever had metal in your eye or somewhere else in your body **OR** you wear a medication patch **OR** you might be pregnant, you must notify us before you come for your appointment.

**CT with Contrast Injection**

Do not eat anything for four hours before the exam. Avoid wearing clothes and/or jewelry with metal in the area being scanned. Please alert the technologist of all medications you are taking.

**CT Abdomen and/or Pelvis with Oral Contrast**

Do not eat for four hours prior to the exam. Please call our office to receive preparation instructions.

**Bone Densitometry**

Wear clothing that does not contain metal fasteners. Patients cannot have any Oral or IV Contrast in their body for one week prior to your exam.

**Mammography**

Do not use powder, deodorant, lotion or perfume on the day of the exam. Please bring any previous mammograms and/or breast sonogram imaging films with you.

**Abdominal Sonogram**

Do not eat or drink anything 6 hours prior to exam.

**Pelvic / OB Sonogram**

NPO 8hrs before test. Avoid fatty foods and dairy day before exam. Drink 24oz water 1hr before exam.

**Renal / Kidney Sonogram**

Drink 32oz. (4 cups) of water. Complete drinking 30 minutes prior to the scheduled exam time. Do not urinate until instructed to do so by the technologist.

**Hysterosalpingogram/Barium Enema**

Please call our office to receive preparation instructions.

**Upper GI Series and/or Small Bowel Series/Esophagram**

Do not eat or drink from midnight prior to the exam, as well as the day of the exam.

**Bone Scan**

Patient receives injection and returns for scan 3 hours later.

**Thyroid Pill, 24 Hour Uptake and Scan**

Stop taking **ALL** thyroid medications 4 weeks prior to exam and **ALL** anti-thyroid medications 5 days prior to exam. No iodinated contrast 4 weeks prior. Please inform the technologist/office staff if you have had a PET/CT scan in the last 48 hours, are pregnant, breastfeeding and/or have any questions regarding your medications. Bring copies of thyroid function blood tests and any outside thyroid sonogram reports.

**Hepatobiliary Scan**

Nothing to eat or drink, including water (NPO) 4 hours before exam.

**Parathyroid**

Patient receives injection for immediate scan and returns 3 hours later for a delayed scan.

**Myocardial Perfusion Stress Test**

No caffeine products for 24 hours prior to exam. Eat a light meal before 8:00 AM, then refrain from eating until your exam is complete. Wear comfortable shoes and clothes. Stop taking **ALL** beta blocker medications 24 hours prior to exam. If you do take beta blockers, please bring them with you. You will be able to take them after the stress portion of the exam is complete. All other non-beta blocker medications may be taken the morning of the exam. Please bring a list of your medications and contact the technologist/office staff with any questions you may have.

**ASTORIA**  
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**HEWLETT**  
227 Franklin Ave., Hewlett, NY 11557

**MANHATTAN**

**BROOKLYN**

**ASTORIA**

**FOREST HILLS**

**ELMONT**

**HEWLETT**

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