

One Bay Avenue • Montclair NJ, 07042
Central Scheduling: 973-873-7787 or 877-523-7787; Fax 973-680-7946

Radiology

Today's Date: _____ Patient Name: _____

Clinical Signs/Symptoms: _____ **ICD9 Code:** _____

Authorization/Pre-Cert Number (if available): _____

Referring Physician Name: _____ Phone: _____

Referring Physician Signature: _____ Fax: _____

Wet Reading Patient to Return with Images LAB - BUN Creatinine (For IV contrast if no recent labs)

MRI

- | | |
|--|---|
| <input type="checkbox"/> Head/Brain | <input type="checkbox"/> Chest |
| <input type="checkbox"/> Sinus | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> IAC's | <input type="checkbox"/> Pelvis |
| <input type="checkbox"/> Nasopharynx | <input type="checkbox"/> Brachial Plexus |
| <input type="checkbox"/> Orbits | <input type="checkbox"/> Neck (Soft Tissue) |
| <input type="checkbox"/> Pituitary | <input type="checkbox"/> Cervical Spine |
| <input type="checkbox"/> Posterior Fossa | <input type="checkbox"/> Thoracic Spine |
| <input type="checkbox"/> TMJ | <input type="checkbox"/> Lumbar Spine |
| <input type="checkbox"/> MRI Spectroscopy | <input type="checkbox"/> Fetal MRI |
| <input type="checkbox"/> MRCP | |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> RT <input type="checkbox"/> LT |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> RT <input type="checkbox"/> LT |
| <input type="checkbox"/> Wrist | <input type="checkbox"/> RT <input type="checkbox"/> LT |
| <input type="checkbox"/> Hand | <input type="checkbox"/> RT <input type="checkbox"/> LT |
| <input type="checkbox"/> Hip | <input type="checkbox"/> RT <input type="checkbox"/> LT |
| <input type="checkbox"/> Knee | <input type="checkbox"/> RT <input type="checkbox"/> LT |
| <input type="checkbox"/> Ankle | <input type="checkbox"/> RT <input type="checkbox"/> LT |
| <input type="checkbox"/> Foot | <input type="checkbox"/> RT <input type="checkbox"/> LT |
| <input type="checkbox"/> NON CONTRAST | |
| <input type="checkbox"/> WITH/WITHOUT CONTRAST | |

Other (Specify) _____

*** MRI ARTHROGRAM**

(Specify Joint) RT LT

*** MRI ANGIOGRAPHY (MRA)**

Specify _____

BREAST IMAGING & BIOPSY

*** MRI BREAST RT LT BIL**

- NON CONTRAST
 CONTRAST

MAMMOGRAPHY

- Screening RT LT
 Diagnostic
 Unilateral
 Breast Ultrasound if Indicated

ULTRASOUND/SONOGRAM

- | | |
|---|--|
| <input type="checkbox"/> Breast | <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> BIL |
| <input type="checkbox"/> Breast Ultrasound Guided Biopsy | <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> BIL |
| <input type="checkbox"/> Breast Ultrasound Aspiration | <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> BIL |
| <input type="checkbox"/> Breast Ultrasound Fine Needle Aspiration | <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> BIL |

STEREOTACTIC BREAST NEEDLE BIOPSY

- Right Breast
 Left Breast

GENERAL RADIOGRAPHY

- | | |
|---|---|
| <input type="checkbox"/> Esophagram | <input type="checkbox"/> IVP |
| <input type="checkbox"/> UGI Series | <input type="checkbox"/> KUB |
| <input type="checkbox"/> Small Bowel Series | <input type="checkbox"/> Obstructive Series |
| <input type="checkbox"/> Barium Enema | <input type="checkbox"/> Neck (Soft Tissue) |
| <input type="checkbox"/> VCUG | <input type="checkbox"/> Chest |
| <input type="checkbox"/> Skull Series | <input type="checkbox"/> Skeletal Survey |
| <input type="checkbox"/> Nasal Bones | <input type="checkbox"/> Cervical Spine |
| <input type="checkbox"/> Sinuses | <input type="checkbox"/> Thoracic Spine |
| <input type="checkbox"/> Facial Bones | <input type="checkbox"/> Lumbar Spine |
| <input type="checkbox"/> Orbits | <input type="checkbox"/> Scoliosis Series |
| <input type="checkbox"/> Mandible | |
| <input type="checkbox"/> Ribs | <input type="checkbox"/> RT <input type="checkbox"/> LT |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> RT <input type="checkbox"/> LT |
| <input type="checkbox"/> Humerus | <input type="checkbox"/> RT <input type="checkbox"/> LT |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> RT <input type="checkbox"/> LT |
| <input type="checkbox"/> Forearm | <input type="checkbox"/> RT <input type="checkbox"/> LT |
| <input type="checkbox"/> Wrist | <input type="checkbox"/> RT <input type="checkbox"/> LT |
| <input type="checkbox"/> Hand | <input type="checkbox"/> RT <input type="checkbox"/> LT |
| <input type="checkbox"/> Pelvis | <input type="checkbox"/> RT <input type="checkbox"/> LT |
| <input type="checkbox"/> Hip | <input type="checkbox"/> RT <input type="checkbox"/> LT |
| <input type="checkbox"/> Femur | <input type="checkbox"/> RT <input type="checkbox"/> LT |
| <input type="checkbox"/> Knee | <input type="checkbox"/> RT <input type="checkbox"/> LT |
| <input type="checkbox"/> Tibia/Fibula | <input type="checkbox"/> RT <input type="checkbox"/> LT |
| <input type="checkbox"/> Ankle | <input type="checkbox"/> RT <input type="checkbox"/> LT |
| <input type="checkbox"/> Foot | <input type="checkbox"/> RT <input type="checkbox"/> LT |

Other (Specify) _____

BONE DENSITOMETRY/DEXA

NUCLEAR MEDICINE

- 3 Phase Bone
 Bone Scan
 Gallium Scan
 Hepatobiliary
 Liver Blood Pool Imaging
 Liver Spleen Scan
 Parathyroid Scan Transplant Vasotec Lasix

Other (Specify) _____

NUCLEAR CARDIOLOGY

- Nuclear Stress Test Treadmill Adenoscan
 MUGA

*** CT (DUAL SOURCE MULTI-SLICE)**

- | | |
|--|--|
| <input type="checkbox"/> Head/Brain | <input type="checkbox"/> Chest |
| <input type="checkbox"/> Sinuses | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Facial | <input type="checkbox"/> Pelvis |
| <input type="checkbox"/> Orbits | <input type="checkbox"/> Cervical Spine |
| <input type="checkbox"/> Mandible | <input type="checkbox"/> Thoracic Spine |
| <input type="checkbox"/> Neck (Soft Tissue) | <input type="checkbox"/> Lumbar Spine |
| <input type="checkbox"/> NON CONTRAST | <input type="checkbox"/> CONTRAST |

Other (Specify) _____

*** CT ANGIOGRAPHY (CTA)**

(Specify) _____

*** CARDIAC CT**

- Calcium Scoring
 Coronary CTA
 Other _____

*** CT ARTHROGRAM**

(Specify Joint) RT LT

ULTRASOUND/SONOGRAM

- | | |
|---|---|
| <input type="checkbox"/> Thyroid | <input type="checkbox"/> Pelvic (Transvaginal if indicated) |
| <input type="checkbox"/> Abdomen (Gallbladder, Liver, Pancreas) | <input type="checkbox"/> Pelvic OB |
| <input type="checkbox"/> Retroperitoneum | <input type="checkbox"/> Testicular |
| <input type="checkbox"/> Kidneys | <input type="checkbox"/> Pediatric Cranial |
| <input type="checkbox"/> Urinary Bladder | <input type="checkbox"/> Pediatric Spine |
| <input type="checkbox"/> Aorta | <input type="checkbox"/> Pediatric Hip |

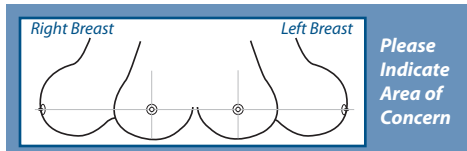
Other (Specify) _____

SONOHYSTEROGRAM

COLOR DOPPLER STUDIES

- | | |
|---|---|
| <input type="checkbox"/> Carotid | |
| <input type="checkbox"/> Renal duplex | |
| <input type="checkbox"/> Lower Extremity Arterial | <input type="checkbox"/> RT <input type="checkbox"/> LT |
| <input type="checkbox"/> Upper Extremity Arterial | <input type="checkbox"/> RT <input type="checkbox"/> LT |
| <input type="checkbox"/> Lower Extremity Venous | <input type="checkbox"/> RT <input type="checkbox"/> LT |
| <input type="checkbox"/> Upper Extremity Venous | <input type="checkbox"/> RT <input type="checkbox"/> LT |

Other (Specify) _____



APPOINTMENT DATE: _____
TIME: _____ **AM/PM**
Kindly Provide 24 Hours Notice of Cancellation

Directions



Parkway Traveling NORTH:

Exit at 148 (Bloomfield/Montclair), toll booth at exit. After toll booth, keep left for a short distance, proceed across Bloomfield Avenue, and almost immediately make "U" turn under the Parkway where indicated. Keep to far right and make a right turn at traffic light onto Bloomfield Avenue. Take Bloomfield Avenue to Ridgewood Avenue (7th traffic light) and turn right. Follow Ridgewood Avenue to Bay Avenue and make a left turn. Proceed on Bay for two short blocks, hospital is on the left. Proceed past front entrance and make a left at next corner, Walnut Crescent. Parking garage is one block on your right.

Parkway Traveling SOUTH:

Exit at 151 Watchung Avenue (Montclair/Nutley), toll booth at exit. After toll, turn right onto Watchung Avenue and go about 1 mile to Ridgewood Avenue (3rd traffic light) and turn left. Stay on Ridgewood Avenue to Bay Avenue (first traffic light). Make a right turn on Bay Avenue and proceed two short blocks, hospital is on the left. Proceed past front entrance and make a left at next corner, Walnut Crescent. Parking garage is one block on your right.

Route 80 Traveling EAST:

Exit at the sign marked Route 46 and proceed east on Route 46 about 3 miles to Route 3 exit. Take Route 3 about one-half mile to Grove Street exit and bear right at top of ramp. Drive south on Grove Street (approximately 5 miles) until you reach a Railroad Crossing. The next traffic light after you cross over the railroad tracks is Claremont Avenue. Turn left onto Claremont Avenue. Follow Claremont until you reach a fork in the road and bear right onto Walnut Crescent. Parking garage is one block on your right.

Route 80 Traveling WEST:

Exit at Garden State Parkway (Saddle Brook) and take the Parkway south. Exit at 151 Watchung Avenue (Montclair/Nutley). Follow directions from Parkway SOUTH.

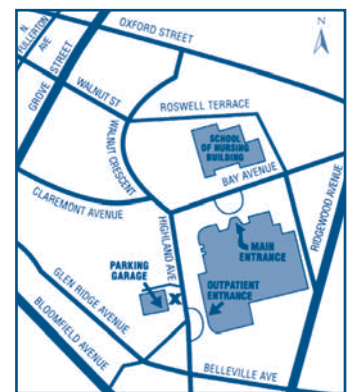
From Route 280:

Travel Route 280 east to the Garden State Parkway northbound. Exit Parkway at 148. Follow directions from Parkway NORTH.

From Route 3:

Exit at Grove Street, follow signs to Montclair. Drive south on Grove Street (approximately 5 miles) until you reach a Railroad Crossing. The next traffic light after you cross over the railroad tracks is Claremont Avenue. Turn left onto Claremont Avenue and follow to Walnut Crescent (2 blocks). Parking garage is one block on your right.

DETAIL MAP



X - Free Parking

Preparing for Your Examination

Please call the Radiology Department for pediatric instructions at (973) 429-6100.

MRI (Magnetic Resonance Imaging)

No preparation required. Call us if you are pregnant or have a cardiac pacemaker, implanted cardiac defibrillator, aneurysm clips, cochlear ear implants, heart stents, retinal implants, implantable insulin pumps, neurostimulators, ocular foreign bodies, or patches. If you are claustrophobic, please contact our office for instructions. Music is available during the examination. If you prefer, bring your own tape or CD for exam.

CT (Dual Source Multi-Slice)

Abdomen and Pelvis : Pick up oral contrast the day before exam. Nothing to eat or drink 4 hours before exam time. Drink 1 bottle of oral contrast 2 hours before exam. Drink 1/2 of the second bottle 1 hour before exam. Bring the remaining 1/2 bottle to the Imaging Center.
Upper Abdomen: Drink oral contrast at the Imaging Center.
Renal CAT Scan for renal stones: No prep is needed.

Upper GI Series/Small Bowel

Nothing to eat or drink 12 hours before exam.

Barium Enema

Purchase *Fleet Prep Kit #3* at the local pharmacy. Follow 18 hour prep directions the day before the exam, including liquid diet.

IVP (Intravenous Pyelogram)

Take 2 *Dulcolax* tablets at 4:00 p.m. the day before exam. Nothing to eat or drink 4 hours before exam. **Inform staff of any allergies, asthma, or diabetes and any medications taken.**

Mammography

Wear a two-piece outfit for your comfort. Do not use deodorant, perfume or powder underarm or breasts the day of exam. **Bring previous mammograms and reports the day of exam for comparison.**

Ultrasound

Abdomen (Gallbladder): Nothing to eat or drink 6-8 hours before exam.
Pelvis: Drink 40 oz. of water 1 hour before the exam.
Do not empty bladder.
Pregnancy 1-6 months: Drink 32 oz. of water 1 hour before exam.
Do not empty bladder.
Pregnancy 1-9 months: Drink 8 oz. of water 1 hour before exam.
Do not empty bladder.

We are pleased to offer complimentary self-parking for outpatients.