WAYNE RADIOLOGY CENTER

NPI: 1063172476
516 Hamburg Tpke, Ste 6, Wayne, NJ 07470
Scheduling Hotline: 973.720.0050
Fax: 888.455.2577
Email: info@wayneradiology.com

3T HIGH FIELD WIDE BORE MRI • OPEN MRI • 64 SLICE LOW DOSE CT • DIGITAL MAMMOGRAPHY • ULTRASOUND

WALK IN: ULTRASOUND / X-RAY / DEXA / MAMMOGRAPHY ❑ Films ❑ CD ❑ Online Access ❑ Call Stat Report TEL. _____

PATIENT NAME _____ DOB _____ TEL. _____

ICD-10 CODES REQUIRED _____

Medicare and other insurances require coding of specific/definitive diagnosis(es), sign(s) or symptom(s) to reflect the "medical necessity" for each test. Rule out, Possible or Probable Conditions cannot be coded. (As per Medicare Policy Part B Bulletin)

PHYSICIAN'S NAME _____ TEL. _____

PHYSICIAN'S SIGNATURE _____ DATE _____
Original Signature Only (Signature Stamp not allowed)

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

❑ 3T WIDE BORE MRI

❑ WITH AND WITHOUT CONTRAST

HEAD
- ❑ Brain(routine)
- ❑ Brain(seizure protocol)
- ❑ IAC'S
- ❑ Orbits(optic nerve)
- ❑ Pituitary Gland (w/wo contrast)
- ❑ Sinuses
- ❑ TMJ

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

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

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

PELVIS
- ❑ Pelvis w/o contrast
- ❑ Pelvis w/wo contrast
- ❑ Male Pelvic Bone
- ❑ Female Pelvic
- ❑ Prostate with Multiparametric 3D (no endorectal coil needed) w/wo Contrast

❑ OPEN MRI

❑ WITHOUT CONTRAST

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

MR VENOGRAPHY
- ❑ Abdomen
- ❑ Pelvis
- ❑ Chest
- ❑ Neck
- ❑ Cerebral

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

MRI ARTHROGRAM
- ❑ Shoulder L R B
- ❑ Elbow L R B
- ❑ Wrist L R B
- ❑ Hip L R B
- ❑ Knee L R B
- ❑ Ankle L R B

SPECIAL INSTRUCTIONS & DIAGNOSTIC PROCEDURES NOT LISTED:

64 SLICE CT-SCAN LOWEST RADIATION DOSE

	with & w/o	w/o
❑ Brain w/3D	❑	❑
❑ Pituitary w/3D	❑	❑
❑ Orbits w/3D	❑	❑
❑ Temporal Bones/IAC w/3D	❑	❑
❑ Sinuses w/3D	❑	❑
❑ Sinuses w/Landmark Protocol	❑	❑
❑ Neck-Soft Tissue w/3D	❑	❑
❑ Lung w/3D	❑	❑
❑ Chest w/3D	❑	❑
❑ Abdomen/Pelvisw/3D	❑	❑
❑ Pelvis w/3D	❑	❑
❑ Cervical Spine w/3D	❑	❑
❑ Thoracic Spine w/3D	❑	❑
❑ Lumbar Spine w/3D	❑	❑
❑ Extremities w/3D _____		

CT-ANGIO
- ❑ CTA Head
- ❑ CTA Carotid
- ❑ CTA Chest
- ❑ CTA AbdomenAorta
- ❑ CTA Pelvis
- ❑ CTA Upper
- ❑ CTA Lower
- ❑ CTA Aorta

ULTRASOUND / 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
- ❑ Breastw/Color Mapping
- ❑ Testicularw/Doppler
- ❑ Extremity
- ❑ Elastography
- ❑ Other _____

VASCULAR DOPPLER
- ❑ LE - (Lower Extremity) - Arterial L R B
- ❑ UE - (Upper Extremity) - Arterial L R B
- ❑ LE - Venous L R B
- ❑ Carotid
- ❑ Vertebral w/Limited Intracranial Imaging
- ❑ Abdominal Vasculature
- ❑ Other _____

DIGITAL X-RAY
- ❑ Skull
- ❑ Orbits RT LT
- ❑ Facial Bones
- ❑ Nasal Bones
- ❑ ParanasalSinuses
- ❑ Nasopharynx/Soft Tissue Neck
- ❑ Cervical Spine
- ❑ Thoracic Spine
- ❑ Lumbar Spine
- ❑ Pelvis
- ❑ Sacrum/Coccyx
- ❑ SI Joints
- ❑ Shoulder RT LT
- ❑ Scapula RT LT
- ❑ Clavicle RT LT
- ❑ Chest PA/LAT
- ❑ Ribs RT LT
- ❑ Sternum
- ❑ Arm/Humerus RT LT
- ❑ Elbow RT LT
- ❑ Forearm RT LT
- ❑ Wrist RT LT
- ❑ Hand RT LT
- ❑ Finger RT LT
- ❑ Abdomen - KUB
- ❑ Abdomen- Flat/Upright
- ❑ 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
- ❑ Unilateral RT LT

DEXA (Osteoporosis)
- ❑ Bone Mineral Density
- ❑ Vertebral Fracture Assessment

ECHOCARDIOGRAPHY
- ❑ Echocardiography w/Color Doppler & Velocity Mapping

24 hour notice required for cancellation or changes to your appointment

www.wayneradiology.com

PATIENT INSTRUCTIONS

MRI / MRA (Magnetic Resonance Imaging)

Please inform us if you have any of the following:

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

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

PATIENTS WITH:

- Pacemakers
- Cerebral Aneurysm Clips
- Ferometallic Implants

CAN NOT HAVE AN MRI EXAM PERFORMED.

BREAST MRI:

Has to be done between the 7th and 14th day after the menstrual cycle.

CT-SCAN:

Nothing to eat or drink 8 hours prior to the exam except water.

Must pick up barium bottles from our office prior to the actual day of the exam. Drink 1 bottle before bedtime and half a bottle 1 hour before exam.

BUN _____ CRE _____ eGFR _____

DATE OF BLOOD WORK: _____

Asthmatic or Allergic Patients, please pre-medicate.
Diabetic Patients needing contrast, please alert our office at the time of your appointment.

THERE IS SPECIAL PREPARATION FOR ABDOMINAL MRI AND PELVIC MRI:

Nothing to eat or drink 4 hours until the exam.

MRCP:

Nothing to eat or drink 6 hours prior to the exam.

ABDOMINAL SONOGRAM:

Nothing to eat or drink for 8 hours prior to exam.

OB AND PELVIC SONOGRAM:

30 minutes 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 the exam.
Bring previous mammogram films.

DEXA:

No calcium pills, vitamins with calcium or dairy products on day of exam.

No nuclear medicine studies or contrast studies day before exam.

⚠ ATTENTION ALL PATIENTS:

- Please wear loose and comfortable clothing when coming in for your diagnostic exam.
- Please try not to bring any valuables when arriving for your diagnostic exams.
- **Attention patients, please bring all related results and copies of studies performed.**

WAYNE RADIOLOGY CENTER

NPI: 1063172476
516 Hamburg Tpke, Ste 6, Wayne, NJ 07470