



# Hudson River Radiology

Premier Outpatient Diagnostic Radiology

Accredited by ACR • Accredited by Radsite

- 3T High Field Wide Bore Open MRI
- Elite Open MRI
- 1.5T Extremity Only Open MRI
- 64 Slice Low Radiation CT-Scan
- 3D Digital Mammography TOMOSYNTHESIS

Walk IN: X-RAY • DEXA • MAMMOGRAPHY

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**For PACS Access**  
 Physicians:  
 Please Call/Text:  
 201-832-5000  
 E-mail: IT@NJRAD.COM

- Films  CD
- Online Access (Physician Portal: www.hrris.com)
- Call Stat Report (Tel. \_\_\_\_\_)

PATIENT NAME \_\_\_\_\_ TEL. \_\_\_\_\_

WRITTEN DIAGNOSIS/REASON/SYMPTOM FOR EXAM(S) 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 \_\_\_\_\_ I hereby certify that the exam(s) ordered on this form is/are medically necessary to manage the care of the patient.

Original Signature Only.....Signature Stamp not allowed

### 3.0T WIDE BORE MRI

### 1.5T MRI

WITH AND WITHOUT CONTRAST

BUN \_\_\_\_\_ CRE \_\_\_\_\_

### HEAD

- Brain (routine)
- Brain (seizure protocol)
- Brain with DTI
- 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

SPECIAL INSTRUCTIONS & DIAGNOSTIC PROCEDURES NOT LISTED:

### 1.5T EXTREMITY MRI

### OPEN MRI

WITHOUT CONTRAST

BUN \_\_\_\_\_ CRE \_\_\_\_\_ eGFR \_\_\_\_\_

### 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
- Elbow
- Wrist
- Hand
- Hip
- Thigh
- Knee
- Lower Leg
- Ankle
- Foot

### MRI ARTHROGRAM

- Shoulder w/wo contrast
- Elbow w/wo contrast
- Wrist w/wo contrast
- Hip w/wo contrast
- Knee w/wo contrast
- Ankle w/wo contrast

### 64 SLICE CT-SCAN

LOWEST RADIATION DOSE

BUN \_\_\_\_\_ CRE \_\_\_\_\_ eGFR \_\_\_\_\_

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | 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"/> Sinuses w/Landmark Protocol | <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            |                          |                          |

### CT-ANGIO

BUN \_\_\_\_\_ CRE \_\_\_\_\_ eGFR \_\_\_\_\_

- CTA Head
- CTA Carotid
- CTA Chest
- CTA Abdomen Aorta
- CTA Pelvis
- CTA Upper
- CTA Lower
- CTA 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
- UE - (Upper Extremity) - Arterial
- LE - Venous
- ABI - Ankle Brachial Indices
- Carotid
- Vertebral w/Limited Intracranial Imaging
- Abdominal Vasculature
- Other \_\_\_\_\_

### DIGITAL X-RAY

- Skull
- 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
- 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 3D BREAST TOMOSYNTHESIS

- Screening
- Diagnostic  RT  LT
- Unilateral

### DEXA (Osteoporosis)

- Bone Mineral Density
- Vertebral Fracture Assessment

### ECHOCARDIOGRAPHY

- Echocardiography w/Color Doppler & Velocity Mapping

## PATIENTS INSTRUCTION

### **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 exam. Drink 1 bottle before bedtime and half a bottle 1 hour before 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.**

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

