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PATIENT'S NAME _____ DOB _____ DATE _____

TEL# _____ DOCTORS TEL# _____

INSURANCE _____ CLAIM/PRECERT# _____

CLINICAL HISTORY/RULE OUT: _____

REFERRING PHYSICIAN: _____ PHYSICIAN'S SIGNATURE _____

Please try to arrive 15-30 min before your appointment. If you must reschedule or cancel your appointment, please give at least 24 hour notice.
For procedures needing IV Contrast, please provide us with latest BUN/Creatinine levels. Please alert office if you have any Allergies, Asthma or Diabetes.
In preparation of your exam, wear comfortable clothing that does not contain metal fasteners and zippers. Do not wear jewelry, eye make up or hair clips. If you have any questions or concerns about your exam, please call our office before you schedule an appointment.

Patient Must Bring Picture ID and insurance card at the time of appointment
Appt. Day _____ Time _____ AM PM

Patient Pregnant YES NO Metallic Implant YES NO Aneurysm Clip in Brain YES NO
Sharpnel /Bullets YES NO Cardiac Pacemaker YES NO Ear Implants YES NO

Call Stat Report
 Send Physician Films

GENERAL RADIOLOGY/X-RAY

Skeletal

- Skull
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Pelvis Sacrum/Coccyx
- Extremities**
- Shoulder Lt. Rt.
- Arm
- Elbow
- Forearm
- Wrist
- Hand
- Hip
- Femur
- Knee
- Tibia/Fibula
- Ankle
- Foot

ENT

- Paranasal Sinuses Neck Soft Tissue
- Nasopharynx Nasal Bones
- Facial Bones

Abdomen Chest

- KUB Pa/Lat
- Flat/Erect Ribs
- IVP
- Other _____

MRA (ANGIOGRAPHY)

- Brain with w/o
- Neck
- Thoracic Aorta
- Abdominal Aorta
- Renal
- Upper Extremity
- Lower Extremity
- w/3D
- Other _____

CT 16 MULTIDETECTOR/SPIRAL w/3D

- Transportation
- Brain with w/o
- Pituitary
- Orbits
- Sinuses
- Neck Soft Tissue
- Chest
- Abdomen
- Pelvis Lt. Rt.
- Hip
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Other _____
- With Multi-Planner Reconstruction Unless Checked

CTA (ANGIOGRAPHY)w/3D

- Head Intracranial Vessels with w/o
- Neck Carotid arteries
- Chest
- Abdominal Aorta
- Pelvis
- Upper Extremity
- Lower Extremity
- Aorto-Iliofemoral Runoff
- With Multi-Planner Reconstruction Unless Checked

MAMMOGRAPHY

Bring Prior Films If Available

- Annual Screening
- Bilateral Diagnostic
- Unilateral Diagnostic
- Sterotactic Localization
- Mammographic Localization
- Spot Compression
- Magnification Views Implants
- Breast MRI Lt. Rt.
- Breast Sono

MRI 1.5T HIGH FIELD

Brain/Head with w/o

- Brain
- Pituitary
- IACs
- Orbits
- Sinuses Lt. Rt.
- TMJ
- Neck Soft Tissue

Spine

- Cervical Spine
- Thoracic Spine
- Lumbar Spine

Body

- Chest
- Abdomen
- Pelvis

Extremities Lt. Rt.

- Shoulder
- Elbow
- Wrist
- Hand
- Hip
- Knee
- Ankle
- Foot
- Other _____

ULTRASOUND

- Thyroid
- Abdomen/Liver
- Carotid Duplex
- Venous Doppler
- Aorta/Kidney
- Pregnancy Evaluation after 1st tri
- Pelvis
- Testicular
- Breast
- Other _____

DEXA

- Baseline
- Follow-Up



PLEASE OBTAIN NECESSARY AUTHORIZATION TO AVOID DELAYS