



PARK WEST RADIOLOGY

315 West 57th Street, Suite LL4, New York, NY 10019
T: 212.698.5300 • F: 212.698.5398 • www.pwrad.com

**IMMEDIATE APPOINTMENTS AVAILABLE
AT OUR NEW LOCATION!**

Precertification/Referral Number(s):	Date of Appt:
	Time of Appt:

PATIENT NAME: _____ **DOB:** _____ **Contact #:** _____

MRI*

I.V. CONTRAST

WITH WITHOUT

WITH & WITHOUT

- Highfield 3T** w/Open Architecture
- Brain*
 - Pituitary*
 - Orbits*
 - IAC's*
 - Neck
 - TMJ's
 - C-Spine
 - L-Spine
 - T-Spine
 - Whole Spine
 - Hip Arthrogram OR OL
 - Hip OR OL
 - Shoulder Arthrogram OR OL
 - Shoulder OR OL
 - Arthrogram (specify:)
 - Elbow OR OL
 - Wrist OR OL
 - Hand OR OL
 - Knee OR OL
 - Ankle OR OL
 - Foot OR OL
 - Lower Extremity OR OL
 - Other(specify:)
 - MRI Bony Orthopedic Pelvis
 - w/ gad only w/o gad
 - w/ & w/o gad
 - MRI Male Pelvis w/ & w/o gad*
 - MRI Female Pelvis w/ & w/o gad*
 - MR Cholangiography* (MRCP)
 - Prostate
 - Breast (Bilateral)
 - Abdomen*

MR ANGIOGRAPHY

- Intracranial w/o gad
- Carotid & Vertebral w/o gad
- Arch/Carotid/Vertebral w/ & w/o gad
- Thoracic Aorta
- Abdomen (Abdominal Aorta/ SMA/Renal/Celiac Axis)
- Pelvis/Bilateral Lwr Extrem w/runoff

MRV

- Brain
- Upper Extremities
- Lower Extremities

CT*

I.V. CONTRAST

WITH WITHOUT

WITH & WITHOUT

- BUN** _____
- CREAT** _____
- Brain
 - Orbits
 - Sinuses 3D Surg Plan
 - Temporal Bones
 - C-Spine
 - L-Spine
 - T-Spine
 - Neck
 - Chest
 - Abdomen*
 - Pelvis*
 - Enterography
 - CT Angiogram _____
 - Hematuria Protocol- w/ & w/o I.V. cont
 - Renal Mass Protocol- w/ & w/o I.V. cont
 - Renal Stone Protocol- no Oral or I.V. cont
 - Other(specify:)
 - Shoulder OR OL
 - Patellar Tracking
 - CT Arthrogram OR OL
 - Extremity OR OL

CT ANGIOGRAPHY*

- BUN** _____
- CREAT** _____
- Aorta/Chest/Abdomen
 - Pulmonary Angio
 - Brain/Intra Cranial
 - Neck/Carotid
 - Mesenteric
 - Renal Artery
 - Extremity _____

CT SCREENING STUDIES

- These studies are not covered by insurance*
- CT Dental Scan Mandible
 - CT Dental Scan Maxilla
 - CT Total Body Scan
 - Virtual Colonoscopy
 - Heart & Lung Screening
 - Coronary Calcium (Heart Screening)
 - Pulmonary Nodule (Lung Screening)

WOMEN'S IMAGING & BREAST IMAGING*

Digital Mammography

Screening:

- Routine; no problem

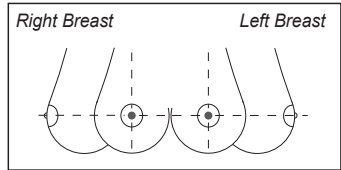
Diagnostic Bilateral:

- Lump, personal hx of breast ca
- Diagnostic Unilateral OR OL

- Ultrasound (indicate problem on diagram)
- Breast MRI (give indication below*)

Breast Biopsies

- Ultrasound Core Biopsy
- MRI Core Biopsy
- Fine Needle Aspiration
- Stereotactic Core Biopsy



- Hysterosalpinogram
- Hysterosonogram*
- Pelvic MRI

BONE DENSITOMETRY

- DEXA
- w/Lateral Lumbar Spine X-Ray

ULTRASOUND

- Abdomen*
- Abdomen Single Organ (RUQ)
- Renal
- Carotid Duplex
- Thyroid
- Hysterosonogram*
- Obstetrical LMP: / /
- Testicular/Scrotal
- Pelvic-transabdominal only*
- Pelvic-transvaginal only*
- Pelvic Combined* - (transabdominal/transvaginal)
- Venous Extremity Upper Doppler OR OL OB
- Venous Extremity Lower Doppler OR OL OB
- Hepatic Vessels
- Bladder*
- Aorta Screening
- Other _____

X-RAY

- Chest
 - AP PA/LAT
- Head
 - Skull Sinus Orbits
- Facial Bones
 - Nasal Bones Mandible
- Ribs OR OL
- Abdomen
 - Flat Erect Obl
- Thoracic
 - Standing
- Cervical Spine
 - 2 Views 4 Views
 - Standing Flex/Ext
- Lumbar Spine
 - 2 Views 4 Views
 - Standing Obliques
 - Flex/Ext
- Sacrum & Coccyx
 - 2 Views
- Scoliosis Series
- Pelvic AP
 - Clavicle OR OL OB
 - Scapula OR OL OB
 - Shoulder OR OL OB
 - Humerus OR OL OB
 - Elbow OR OL OB
 - Forearm OR OL OB
 - Wrist OR OL OB
 - Hand OR OL OB
- Finger _____
- Hip OR OL OB
- Femur OR OL OB
- Knee OR OL OB
- Leg TibFib OR OL OB
- Ankle OR OL OB
- Foot OR OL OB
- Toe _____
- Weightbearing Y N

Other

ULTRASOUND FNA BIOPSIES*

- Thyroid FNAB OR OL
- Lymph Nodes FNAB OR OL
- Parotid FNAB OR OL

OUTSIDE FILM REVIEW

- YES NO

***Reason for Exam**

Requested by Dr. **George Mussalli, MD**
 Jaqueline Worth, MD

VILLAGE OBSTETRICS
 101 West 12th Street, NY, NY 10011
 T: 212.627.9556 - F. 212.627.9035

PLEASE FAX COMPLETED REFERRAL TO OUR SCHEDULING DEPARTMENT AT (212) 698-5398 PRIOR TO YOUR EXAM TO ENSURE WE HAVE ALL REQUIRED INFORMATION (PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS AND DIRECTIONS)

*Please see special instructions on reverse side