



CARNEGIE HILL
RADIOLOGY

Patient Name: _____ Phone: _____

Exam Requested: _____

170 E. 77th Street
New York, NY 10075

Clinical Information: _____

Phone: (212) 369-9200

Referring Physician: _____ Phone: _____ FAX: _____

FAX: (212) 369-5048

www.mrict.com

Report Instructions: Send Report (routine) Send CD Send Films Give Patient CD

MRI (3T Wide Bore)

CT (160 Slice)

Without Contrast With Contrast Contrast as Clinically Indicated

Contrast: Intravenous Iodinated
 Contrast: Oral

NEURO

BODY

Brain MRI 3D Volumetric
 Brain MRA Brain MRV
 Pituitary Dynamic
 Orbits IAC / CP Angle
 TMJs

Chest Abdomen
 Pelvis MRCP
 Breast with CAD (Bilateral)
 MR Enterography (Abd/Pelvis)
 MR Urogram

Brain Sinuses
 Orbits Temporal Bones
 Neck Soft Tissues
 Chest Abdomen
 Liver/Pancreas protocol
 Pelvis

Neck MRA Soft Tissue Neck
 C-Spine T-Spine
 L-Spine Sacrum / Coccyx
 Sacroiliac Joints
 Brachial Plexus
 Total Spine (Metastatic Survey)

VASCULAR

Neck MRA
 Thoracic Aorta MRA
 Abdominal MRA
 Lower Extremity MRA } Run Off
 Other MRA: _____

CT Enterography (Abd/Pelvis)
 CT Virtual Colonoscopy
 Hematuria / Urogram
 Renal Mass
 Renal Stone (No contrast)
 C-Spine T-Spine L-Spine

MUSCULOSKELETAL

Shoulder Left Right
Elbow Left Right
Wrist Left Right
Hand Left Right

Hip Left Right
Knee Left Right
Ankle Left Right
Foot Left Right

Non-Joint Left Right

MRV - Specify: _____

CARDIAC*

Structure / Function / Flow*
 Stress Perfusion: Adenosine
 Myocardial Viability / Infiltration
Advanced Cardiac Imaging for:
 Coronary Origins
 Thrombus: LV LA
 Aortic Valve Planimetry
 PFO Myocardial Iron

* Flow Quantification will be performed as clinically indicated

CT ANGIOGRAPHY

Chest CTA for:
 Pulmonary Arteries
 Thoracic Aorta
 Cardiac CTA for:
 Coronary Arteries
 Ejection Fraction
 Pulmonary Veins
 Left Atrium
 Other: _____
 Coronary Calcium Score
 Abdomen CTA
 Pelvis CTA
 Lower Extremity CTA } Run Off

Specify: _____

Ultrasound

Carotid Doppler
 Thyroid
 Soft Tissue Neck
 Abdomen
 Abdomen Single Organ (RUQ)
 Aorta Screening
 Hepatic Vessels
 Renal
 Bladder

Hysterosonogram
 Pelvic: Transabdominal
 Pelvic: Transvaginal
 Testicular / Scrotal
 Venous Doppler: Arm
 Left Right
 Venous Doppler: Leg
 Left Right

Musculoskeletal
 Left Right
 Body Part: _____
 Other: _____

See Reverse Side for Patient Preparation Information and Directions to our Facility

MRI/MRA Instructions

This examination cannot be performed if you have a cardiac pacemaker or defibrillator.

If you have a cerebral aneurysm clip, hearing implants, or other metal in your body, please let us know because it may be unsafe for you to have this study.

If you have ever sought medical treatment for a metal fragment in your eye, please let us know, because you may need an x-ray to ensure it is safe for you to have this study.

If you are or may be pregnant, please let us know.

IMPORTANT: Take all your usual medications unless instructed otherwise by your physician.

Adenosine Perfusion Cardiac MRI:

This examination cannot be performed if you have asthma. If you suspect you might have asthma, please let us know.

You may not consume products containing caffeine or theophylline for 24 hours before the test. For example, you should not drink coffee (including decaffeinated coffee), tea, or soft-drinks. You should not eat chocolate. And, you should not take over-the-counter drugs that contain caffeine such as Anacin. Certain drugs may interfere with this test. If you are taking any of the following drugs, please let us know:

- | | | | | | |
|-----------------|-------------|----------------|------------------|------------|---------------|
| ● Dipyridamole | ● Primatene | ● Slo-Phylline | ● Theoclear | ● Theo-Sav | ● Fioricet |
| ● Aerolate | ● Quibron | ● T-PHYL | ● Theo-Dur | ● Theostat | ● Fiorinal |
| ● Constant-T | ● Respbid | ● Tedral SA | ● Theolair | ● TheoX | ● Norgesic |
| ● Elixophylline | ● Slo-bid | ● Theo-24 | ● Theo-Organidin | ● Cafergot | ● Synalgos-DC |
| | | | | ● Esgic | ● Wigrain |

CT/CTA Instructions

No food four hours prior to the exam (except for **Cardiac Calcium Score** or **CT of the Spine, Bone, or Joint**).

IMPORTANT: Take all your usual medications unless instructed otherwise by your physician.

If you have a history of an allergy to iodinated contrast, asthma, or a strong allergic history, please notify the office when scheduling your exam. Premedication may be necessary depending on the clinical history.

CT uses x-rays. *If you are or might be pregnant, please inform the staff because this test may be inappropriate for you and your unborn child.*

Virtual Colonoscopy: Call for special instructions.

Ultrasound Instructions

Pelvic: Drink one quart of water prior to the exam and do not urinate. Your bladder must be full for the sonogram.

Abdominal / Aortic / Renal: Clear liquid diet 4 hours prior to the exam. No milk products or carbonated beverages.

Gallbladder: Clear liquid diet 12 hours prior to the exam. No milk products or carbonated beverages.

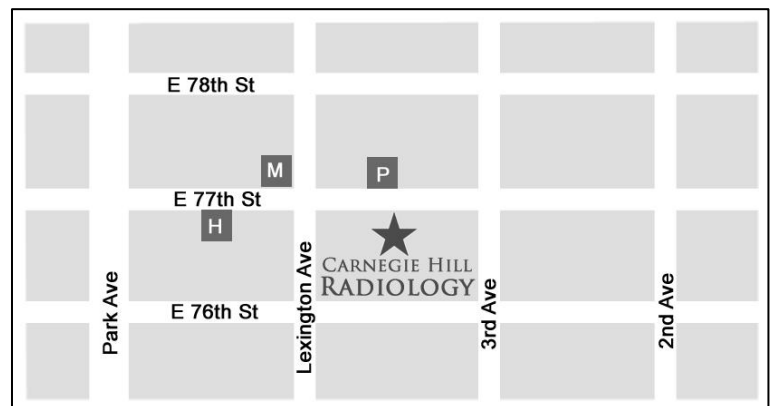
Carnegie Hill Radiology
170 E. 77th Street, New York, NY 10075
(212) 369-9200

Directions:

#6 Train: Half a block east of the 77th St. stop.

M79: Two blocks south of the 3rd Avenue or Lexington Avenue stops.

Parking lots are directly across the street and next door.



If you have questions about these instructions, please call us before your appointment.