CANMAX MEDICAL IMAGING

WESTERN NEW YORK MRI

**Today's Date:** _____

**Patient Name:** _____

**Patient Phone:** _____ **DOB:** _____

**Referring Physician:** _____

**Type of Ins.:** _____ **Auth#:** _____

**Reason for Exam:** _____

**Physician's Signature** _____

❒ STAT Report
❒ Send CD with Patient
❒ Send Films with Patient

Exam Date_____
Exam Time_____

**LAB**

Onsite lab screening, as recommended by ACR Screening Guidelines for Contrast Exams.
❒ BUN, creatinine and GFR

- Over the age of 60
- History of hypertension
- Renal disease
- Diabetic

## HIGH FIELD MRI

❒ **WNY MRI** ❒ **KEN-TON** ❒ **LOCKPORT** ❒ **PARK CLUB LANE**

❒ with contrast ❒ without

- ❒ Brain
- ❒ Orbits
- ❒ TMJ ❒ L ❒ R
- ❒ Soft Tissue Neck
- ❒ IAC
- ❒ Pituitary ( Sella Turcica)
- ❒ Cervical Spine (❒ **Flex** ❒ **Ext**)
- ❒ Thoracic Spine
- ❒ Lumbar Spine (❒ **Weight Bearing**)
- ❒ Pelvis
- ❒ Shoulder ❒ L ❒ R
- ❒ Elbow ❒ L ❒ R
- ❒ Wrist ❒ L ❒ R
- ❒ Hand ❒ L ❒ R
- ❒ Hip ❒ L ❒ R
- ❒ Knee ❒ L ❒ R
- ❒ Ankle ❒ L ❒ R
- ❒ Foot ❒ L ❒ R
- ❒ Other _____

- ❒ Chest
- ❒ **Breast MRI** **
- ❒ Arthrogram ***
- ❒ Adrenal
- ❒ Abdomen
- ❒ Liver ❒ Eovist
- ❒ Kidneys
- ❒ Pancreas
- ❒ MRCP
- ❒ **MRA** or ❒ **MRV**
- ❒ Carotids ❒ Brain
- ❒ Upper Ext
- ❒ Lower Ext
- ❒ Chest
- ❒ Abdomen ❒ Renal
- ❒ Pelvis
- ❒ Peripheral Runoff

** Exam Performed at **WNY MRI & LOCKPORT MRI & PARK CLUB LANE ONLY**
*** Exam Performed at **WNY MRI ONLY**

## COMPUTERIZED TOMOGRAPHY

❒ **WNY MRI** ❒ **PARK CLUB LANE**

❒ Brain ❒ with contrast ❒ without
❒ Orbits
❒ Temporal Bones
❒ Sinuses
❒ Soft Tissue Neck
❒ Chest
❒ Abdomen
❒ Pelvis
❒ Spine (specify) ❒ Cervical ❒ Thoracic ❒ Lumbar
❒ CT Angiography (specify) _____
❒ Other _____

**Note:**
For PET/CT,
128 Diagnostic CT
Please See Reverse
Side Of This Form

## GENERAL X-RAY

❒ **WNY MRI** ❒ **KEN-TON** ❒ **LOCKPORT**
❒ **PARK CLUB LANE**

- ❒ C Spine ❒ Comp ❒ AP/LAT ❒ FLX/EXT
- ❒ L Spine ❒ Comp ❒ AP/LAT ❒ FLX/EXT
- ❒ T Spine
- ❒ Chest ❒ PA ❒ Lat.
- ❒ Sacrum/Coccyx
- ❒ Abdomen ❒KUB ❒Complete
- ❒ Pelvis
- ❒ Ribs ❒ L ❒ R
- ❒ Sinuses
- ❒ Skull
- ❒ Orbits
- ❒ Other _____
- ❒ Scoliosis (Available at **KEN-TON Only**)

- ❒ Hip ❒ L ❒ R
- ❒ Femur ❒ L ❒ R
- ❒ Knee ❒ L ❒ R
- ❒ Tibia/Fib ❒ L ❒ R
- ❒ Ankle ❒ L ❒ R
- ❒ Foot ❒ L ❒ R
- ❒ Shoulder ❒ L ❒ R
- ❒ Humerus ❒ L ❒ R
- ❒ Elbow ❒ L ❒ R
- ❒ Forearm ❒ L ❒ R
- ❒ Wrist ❒ L ❒ R
- ❒ Hand ❒ L ❒ R
- ❒ Finger ❒ L ❒ R
- ❒ **Lateral Neck (Adenoids)**
- ❒ **Bone Age**

## FLUOROSCOPY

❒ **KEN-TON** ❒ **PARK CLUB LANE**

- ❒ Esophogram
- ❒ UGI Series
- ❒ UGI & SBFT
- ❒ Therapeutic Joint Injections
- ❒ Small Bowel Series
- ❒ Modified Barium Swallow *(No Speech Pathologist)*

## MAMMOGRAPHY

❒ **PARK CLUB LANE** ❒ **WNY MRI** ❒ **LOCKPORT**

❒ L ❒ R
❒ Screening Mammogram (with 3D tomosynthesis or ultrasound if needed)
❒ Diagnostic Mammogram (with 3D tomosynthesis or ultrasound if needed)

## BONE DENSITOMETRY

❒ **PARK CLUB LANE** ❒ **WNY MRI** ❒ **NIAGARA ST** ❒ **LOCKPORT**

## ULTRASOUND

❒ **BROADWAY** ❒ **LOCKPORT**
❒ **WNY MRI** ❒ **PARK CLUB LANE** ❒ **KEN-TON**

- ❒ Thyroid
- ❒ Breast
- ❒ Fetal
- ❒ Abdomen
- ❒ Pelvic
- ❒ Transvaginal
- ❒ Renal *
- ❒ Scrotum/Testicular
- ❒ Carotid Doppler
- ❒ Abdominal Aorta (AAA) specify area
- ❒ Venous Doppler Lower Extremity ❒ L ❒ R
- ❒ **Venous Insufficiency Study**
- ❒ **Segmental Arterial Doppler With ABI's** **
- ❒ Other

❒ **WNY MRI**
**Digital Motion X-Ray** ❒ Cervical Spine ❒ Other _____

## NUCLEAR MEDICINE

❒ **WNY MRI** ❒ **PARK CLUB LANE**

- ❒ Renal Flow & Scan
- ❒ Salivary Gland Imaging
- ❒ Other _____
- ❒ Bone Scan Whole Body
- ❒ 3 Phase Bone Scan
- ❒ Hepatobiliary Scan with CCK for Gallbladder EF
- ❒ Liver-Spleen Scan
- ❒ Thyroid Uptake Scan
- ❒ MUGA Scan

**Instructions and preparations for NM exams will be given at the time of scheduling*

**COURTESY VAN TRANSPORTATION PROVIDED UPON REQUEST**

Diagnosis or Clinical Suspicion (required)
Rule Out Diagnosis Not Acceptable

History/Clinical Information (required)

ICD-10 Codes

Type of Previous Exam:
Date of Exam:
Location of Imaging Center:

**Patient Name:** _____

**Patient Phone:** _____ **DOB:** _____

**Referring Physician:** _____

**Type of Ins.:** _____ **Auth#:** _____

**Physician's Signature** _____

Lab Results BUN_____ Creatinine:_____ Date of Labs:_____

Cautions/Risks/Contrast Allergy/Potential Pregnancy **PLEASE EXPLAIN:**

Is the Patient Diabetic? Yes No Type of Insulin: Injected:_____ Oral Agent:_____

## PET/CT EXAM

- ❒ Solitary Pulmonary Nodule
- ❒ Lung Cancer
- ❒ Colorectal Cancer
- ❒ Lymphoma
- ❒ Melanoma
- ❒ Head and Neck Cancer
- ❒ Esophogeal Cancer
- ❒ Breast Cancer
- ❒ Thyroid Cancer
- ❒ Gallium - 68 NetSpot
- ❒ Other _____

*Please check box below in addition to the type of exam
❒ Staging ❒ Restaging ❒ Monitoring Therapy ❒ Head - Thighs

Brain

- ❒ Seizures
- ❒ Dementia
- ❒ Brain Tumor - Post Surgery

## 128 Slice Diagnostic CT ANGIOGRAPHY

- ❒ Circle of Willis (CTA Brain)
- ❒ Carotid (CTA Neck)
- ❒ Thoratic Aorta (CTA Chest)
- ❒ Abdominal Aorta (CTA ABD/PEL)
- ❒ Total Aorta
- ❒ Abdominal Aorta with Runoff
- ❒ Pulmonary Arteries (CT Chest)
- ❒ CTA Chest for PE
- ❒ Other _____

## DIAGNOSTIC CT

❒ **with contrast** ❒ **w/o contrast**

- ❒ Head/Brain
- ❒ Orbits
- ❒ IAC
- ❒ Facial Bone
- ❒ Sinuses
- ❒ Temporal Bones
- ❒ Soft Tissue/Neck ❒ Sternum
- ❒ Chest
- ❒ High Res
- ❒ Abdomen
- ❒ Pelvis
- ❒ Cervical
- ❒ Thoracic
- ❒ Lumbar
- ❒ Ribs
- ❒ Shoulder ❒ R ❒ L
- ❒ Elbow ❒ R ❒ L
- ❒ Wrist ❒ R ❒ L
- ❒ Hand ❒ R ❒ L
- ❒ Hip ❒ R ❒ L
- ❒ Knee ❒ R ❒ L
- ❒ Ankle ❒ R ❒ L
- ❒ Foot ❒ R ❒ L
- ❒ Tib/Fib ❒ R ❒ L
- ❒ 3D Reconstruction
- ❒ Other _____

## Preparation instructions for CT

**Exams requiring preparation or IV contrast**
**Chest * Abdomen * Pelvis * Soft Tissue Neck * Brain**
**(When orered with contrast)**

1.) Nothing to eat for (4) four hours prior to exam. If you are diabetic, call to see if medication(s) need to be discontinued and bloodwork.

2). Abdomen and/or Pelvis exams need to drink oral contrast 1-2 hours prior to exam. The drink may be picked up at our office prior to the appointment.

## Preparation instructions for PET

* Beginning two days before your exam please do not exercise and avoid strenuous activities since this will severely interfere with the results of your study. After your exam you will be able to resume normal activities.
* No caffeine, alcohol or tobacco 24 hours prior to the exam.
* Start a **NO/LOW CARBOHYDRATE** (sugar) diet 24 hours before appointment. This means avoiding bread, pasta, potatoes, rice, candy, fruits and sugars. You can eat eggs, vegetables, meat (chicken, pork, beef).
* DO NOT EAT for six (6) hours prior to your study. Diabetics should fast for at least two (2) hours prior to the study. You may take your medications with water the day of your exam. If you need pain medication please remember to bring it with you. You must have a driver with you when using pain medications.
* Please drink several glasses of water before arriving for your study.
* Please leave all valuables at home. Small lockers are available at WNY MRI for your convenience.
* If you require oxygen, please bring your portable device with you and enough oxygen to last for at least 3 hours.
* Wear comfortable shoes and clothing. Do not wear jewelry or clothing that contains metal. Gowns will be provided for you if you have to change.
* Plan on spending 2 to 3 hours at WNY MRI for your study. This includes the time necessary for the material that was prepared for you to be absorbed by the body. The actual time you spend lying down in the PET/CT unit can vary from 10 to 30 minutes on average depending on what type of study your doctor has ordered.
* **Due to the high cost of material for PET exams, if you need to cancel/ reschedule, please call 24 hours Prior to your exam.**

## LOCATIONS

# Canadian Referrals

**P** 365.675.1720 **F** 365.675.1730

**WNY MRI**
222 Genesee Street, Buffalo, NY 14203

**WNY MRI WOMEN'S IMAGING AND WNY MRI @ PARK CLUB LANE**
180 Park Club Lane, Suite 150
Williamsville, NY 14221

**WNY MRI @ KEN-TON OPEN MRI**
2882 Elmwood Ave., Kenmore, NY 14217

**WNY MRI @ LOCKPORT**
170 Professional Pkwy., Lockport, NY 14094