



SUNY DOWNSTATE Medical Center

CT/MRI/Sono/NM/Xray Appointments: (718)270-4438
Mammography Appointments: (718)270-7333
Fax: (718)270-4172

History:

Physician's Signature

UHB Radiology Request Form

PATIENT NAME:	Patient MR#	ICD Code:
DOB:	Patient's Contact #:	
Precert/Auth#s:	Patient's Address:	
Referring Doctor:	Doctor's Contact #:	
Doctor's NPI:	Date Issued:	Serial #

XRAYS

Chest
PA PA/LAT Other
Abdomen
Flat Erect Decub
Pelvic A/P Standing
Ribs R L
Head
Skull Sinus Orbits
Facial Bones
Nasal Bones Mandible
Cervical Spine
2 Views 4 Views
Standing Flex/Ext
Thoracic
Standing
Lumbar Spine
2 Views 4 Views
Standing Flex/Ext
Scoliosis Series
Bending AP
AC Joints
Clavicle R L
Scapula R L
Shoulder R L
Humerus R L
Elbow R L
Forearm R L
Wrist R L
Hand R L
Finger _____
Hip R L
Femur R L
Knee 2 R L
Knee 3 R L
Knee 4 R L
TibFib R L
Ankle R L
Foot R L
Toe _____
Weightbearing Y N
Other _____

FLUOROSCOPY

Hysterosalpingogram
Esophagram
Modified Swallow
Upper GI
Small Bowel Series
Barium Enema Air
Therapeutic Inj. R L
VCU
Body Part

MRI

Creat./GFR TEST
W/out GAD
W & W/o GAD contrast
Brain
Routine
Seizure
Brachial Plexus
Pituitary
Orbits
IAC's
Neck
Chest
C-Spine
T-Spine
L-Spine
Total Spine - Scoliosis
Total Spine - Metastatic
Survey
Breast (bilateral) w/CAD
Abdomen
Liver
Pancreas
MRCP
Kidney & Adrenal urogram
MR
Pelvis
Shoulder R L
Elbow R L
Wrist R L
Hand R L
Hip R L
Knee R L
Ankle R L
Foot R L
Lower Extremity R L
Long Bone R L
Hip Arthro R L
Shoulder Arthro R L
Other _____

MR ANGIOGRAPHY

I.V. CONTRAST
WITH WITHOUT
WITH & WITHOUT
Intercranial (Brain)
Extracranial (Neck)
Thoracic Aorta
Renal Artery
Abdomen (Abdominal
Aorta/Renal/Celiac Axis)
Pelvis
MRV Body
MRV Brain

CT

Creat./GFR TEST
I.V. CONTRAST
With Without
BUN/CREAT
Brain
Sinuses Facial Bones
Orbits
Temporal Bones
Neck
Chest
CT Guided Lung Biopsy
Abdomen
Liver
Pancreas Protocol
Pelvis
Abd/Pelvis
CT Virtual Colonoscopy
Hematuria/Urogram
Renal Stone (No Contrast)
SPINE
C-Sp T-Sp L-Sp
Musculoskeletal R L

CT ANGIOGRAPHY

Creat/GFR TEST
BUN/CREAT
CT Angio Chest (PE
Protocol)
Brain
Lower Ex Ext. Veng
Neck/Carotid
Perfusion
Coronary Arteries/Heart
Chest
Dissection
Abdominal Aorta
Runoff Study
L.E. CTA

Note: Exams may be performed with 3d post processing on an independent work station where clinically indicated
Note: Examinations will be performed with IV contrast where clinically indicated

PET/CT

I.V. CONTRAST
WITH
Skull Base to Thighs
Brain
Brain Metabolism
Myocardial Viability

NUCLEAR MEDICINE

¹³¹I Uptake and Scan ¹²³I
¹³¹I Uptake and Scan TCO₄
¹³¹I Radioactive Treatment
Lung V/Q Scan
Sentinel Node Injection
Brain Spect
Whole Body Bone Scan
3 Phase Bone Scan
I 131 Whole Body
Limited Bone Scan
Site: _____
Liver/Spleen Scan
MIBG
Gallium Scan
Octreo Scan
Indium 111
Renal Flow & Scan
Renal Flow & Scan w/Lasix
Renal Flow & Scan
w/Captopril
Renal - DMSA
HIDA
HIDA with Ejection Fraction
Thyroid ¹²³I Uptake & Scan
Parathryoid Sestamibi Scan
SPECT
Gastric Emptying
Hepatic Hemangioma

BONE DENSITOMETRY

DEXA

ULTRASOUND BIOPSIES

Thyroid FNAB R L
Lymph Nodes FNAB R L
Parotid FNAB R L

OUTSIDE FILM REVIEW

Prior Images On CD
Requesting Study on CD

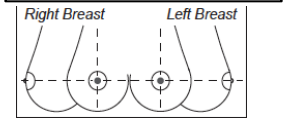
WOMEN'S IMAGING & BREAST IMAGING

Mammography
Screening: Routine;
Asymptomatic
Diagnostic Bilateral: Lump, Pain, Personal hx of breast ca
Diagnostic Unilateral
R L

Mammography &
Ultrasound (If indicated)
Screening Dx
Ultrasound (Indicate Problem on diagram)
Breast MRI (Give Indication below)

Breast Biopsies

Ultrasound Core Biopsy
R L
MRI Core Biopsy
R L
Fine Needle Aspiration
R L
Stereotactic Core Biopsy
R L
Post Biopsy clip Placement
R L
Wire Localization
R L



ULTRASOUND

Thyroid
Abdomen
Abdomen Limited
Aorta
Renal
Bladder
Hysterosonogram
Pelvic-Transabdominal Only
Transvaginal Only
Pelvic Combined-(Transabdominal/Transvaginal)
Testicular/Scrotal
Musculoskeletal
R L
Diagnostic Body Part