



SUNY Downstate Medical Center
 University Hospital of Brooklyn
 470 Clarkson Avenue
 Brooklyn, NY 11203
 Phone (718) 270-2916
 www.downstate.edu/physicians

Patient's Name: _____
 DOB: _____
 Address: _____

 Phone: _____
 Mobile: _____
 Insurance Carrier: _____
 Policy ID#: _____
 History: _____
 Special Instructions: _____
 Prior Study? Yes No
 When: _____
 Where: _____
 Fax Results? Yes No
 Fax #: _____

**Please return form to the
 Department of Radiology
 Fax # (718) 270-4172**

Appointment:

Date: _____ Time: _____

PATIENTS MUST BRING THIS FORM AT TIME OF APPOINTMENT.

Referring Physician (print): _____

Physician's Address: _____

Physician's Phone: _____

License #: _____ NPI #: _____

REFERRING PHYSICIAN'S SIGNATURE (REQUIRED):

X _____

Primary Care Physician's Name: _____

PCP's Phone: _____

**CLINICAL HISTORY /
 DIAGNOSIS**

CONTRAST STUDIES

Esophagram
 GI Series, Upper
 Small Bowel
 BE (air contrast)
 IVP
 Hysterosalpingogram
 Arthrogram: Knee Shoulder Other
 Other _____

BREAST IMAGING

Bilateral Unilateral R or L
 Additional views and/or Ultrasound as needed
 Screening Diagnostic
 Biopsy (Stereo)
 Needle Localization

CT (w/ 3-D Recon. if necessary)

Contrast Yes No With & Without

Is there any reason why this patient CANNOT receive IV contrast? Yes No

Brain
 IAC / Temporal Bones
 Sinuses
 Screen / Limited
 Coronal
 Multiplanar
 Neck, soft tissue
 C Spine T Spine L-S Spine
 Chest
 Cardiac Calcium Scoring (Only screening)
 Cardiac CT Angiography
 _____ Chest Pain _____ SOB _____ Abnormal Stress Test
 Lung Screening
 Abdomen - non-Cancer
 Abdomen - wo/w contrast, hx of Cancer
 Abdomen/Pelvis (2 precerts)
 Pelvis
 Kidney - mass (with contrast)
 CT/IVP
 Flank Pain/CT Urogram (without contrast)
 Virtual Colonoscopy (screening)
 Extremity _____ R or L
 Other _____

MRI

Contrast Yes No With & Without

Brain Posterior Fossa
 IAC and Brain Cranial Nerve
 Neck, soft tissue Pituitary and Brain
 Orbits and Brain TMJ
 Orbits (only)
 MRA Carotids
 MRAngio (specify) _____

SPINE - select from the options below:

Cervical Thoracic
 Lumbar Sacrum
 Metastatic Survey
 Liver Kidney
 Pelvis Prostate
 Mediastinum Brachial Plexus
 Breast (w/ 3-D Recon, if necessary)
 Extremity _____ R or L
 Arthrogram (specify) _____
 Other _____

GENERAL DIAGNOSTIC

Chest PA / Lat Survey Complete
 Ribs (PA Chest) R or L
 Abdomen Obstructive Series
 Abdomen (KUB)
 C Spine T Spine L-S Spine
 Skull Orbits
 Facial Bones Sinuses
 Neck, soft tissue Nasal Bones
 Extremity _____ R or L
 Other _____



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ULTRASOUND

- Pregnancy
 Biophysical
 Pelvis (w/ doppler if necessary)
 Abdomen (Gallbladder, Liver, etc.)
 Aorta Kidneys
 Thyroid Breast
 Scrotum (w/ doppler if necessary)

Venous Doppler Extremity for DVT:

- Leg R or L Subclavian R or L
 Symptoms: ____Pain ____Swelling

- Arterial Screening (non-invasive/plethysmography)
 Carotid - Duplex & Color Doppler
 Sonohysterogram
 Echocardiogram
 Other _____

PATIENT'S PRIOR STUDIES

Does the Patient have a prior PET? Yes / No
 Date ____/____/____ Location _____

Are there other relevant Studies? Yes / No
 Type _____
 Date ____/____/____ Location _____

Treatment History: Date & Location of Last Treatment

- Chemotherapy ____/____/____
 Surgery ____/____/____
 Radiation Therapy ____/____/____

Is there a contraindication to Valium? Yes / No
 Explain: _____

BONE DENSITOMETRY

- Bone Densitometry (DEXA Scan)
 Lateral Thoracolumbar Spine
 (Vertebral Assessment)

PET / CT SCAN

- PET/CT SCAN (PET/CT does not replace Diagnostic CT. Use CT box to order separately.)

NUCLEAR MEDICINE

NOTE: * Denotes a mandatory field

- Resting Gated Blood Pool (MUGA)
 Myocardial Perfusion Study: Thallium Myoview
 Myocardial Viability **SPECT (NOT PET)** Thallium Only
 Gastric Emptying Study
 Pulmonary Aspiration Study, aka "Milk Scan"
 Gastro-Esophageal Reflux Study
- Bone Scan: 3 phase * **Specify anatomy** _____
 Bone Scan: Whole Body
 Brain Perfusion Study
 Brain Perfusion Study with Acetazolimide
- Hepatobiliary Study, aka "HIDA Scan"
 Hepatic Cavernous Hemangioma Study
 Liver-Spleen Scan
 Meckel's Diverticulum Study
 Renal Function Study with MAG₃
 Leak Study of Transplanted Kidney
 Lasix Renoscintigram
 Renal Captopril Study
- Gallium Scan
 Indium-Leukocyte Scan * **Specify anatomy or FUO** _____
- Thyroid Uptake and Scan – Single Determination with Imaging
 Thyroid Uptake and Scan – Multiple Determination, aka Turnover Study for Treatment
 Whole Body Iodine Study with/without Thyrogen Stimulation
 Parathyroid Adenoma Study
- Sentinel Node Lymphoscintigram * **Specify Breast:** Left Right or Malignant Melanoma
- Lung Ventilation/Perfusion Scan Lung Split Function Perfusion Only Scan
- Neuroendocrine Tumor Imaging