

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Patient's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Patient Phone: \_\_\_\_\_ Patient Cell Phone: \_\_\_\_\_

History/Clinical Information: \_\_\_\_\_

Insurance: \_\_\_\_\_ Pre-Auth#: \_\_\_\_\_

Referring Physician \_\_\_\_\_ signature \_\_\_\_\_ Print full name \_\_\_\_\_

Lab Information  
(for contrast injections only)

Date: \_\_\_\_\_

BUN: \_\_\_\_\_

Creatinine \_\_\_\_\_

eGFR \_\_\_\_\_

**MRI** PLEASE COMPLETE MRI SAFETY QUESTIONNAIRE ON BACK AND FAX WITH ORDER.

with IV contrast     1/2 Dose Contrast     without IV contrast     with/without IV contrast

**3T MRI**

**DRA Middlebury**  
Turnpike Office Park, Lower Level  
1579 Straits Turnpike  
Middlebury, CT 06762  
203-758-2588 (Fax) 203-758-2599

**OPEN MRI\***  
690 Main Street South, Suite 7LL  
Southbury, CT 06488  
203-755-OPEN (6736)

Brain  
     Routine     MS     IAC     Pituitary

Orbits     Soft Tissue Neck

Spine  
     Cerv     Thor     Lumb

Brachial Plexus

Chest/Mediastinum

Abdomen  
     Liver     Kidney     MRCP (Fasting)

Pelvis

Shoulder R L

Elbow R L

Wrist R L

Hip R L

Knee R L

Ankle R L

Foot R L

Other \_\_\_\_\_

MR Arthrogram (Middlebury)

Breast (Middlebury)

Prostate (Middlebury)

**3T MR Angiography (Middlebury)**

Head/Circle of Willis

Carotid

Chest

Abdominal  
     Renal     Aorta     SMA

Runoff

Pelvis

Extremities \_\_\_\_\_

Other \_\_\_\_\_

**Mammography** **3-D Mammography Available**

**DRA Waterbury**  
134 Grandview Avenue, Suite 101  
Waterbury, CT 06708  
203-756-8911 (Fax) 203-574-3298

Screening mammogram (w/ add'l mammogram & u/s if needed)

Diagnostic BOTH...LEFT...RIGHT

Implants

Same Day Screening Breast Ultrasound if mammographically dense or:

Family or personal history     Clinically dense breasts

Positive genetic testing     Other \_\_\_\_\_

**CT SCAN**     with IV contrast     without IV contrast     with/without IV contrast     oral contrast

**DRA Middlebury**  
1579 Straits Turnpike (Lower Level)  
Middlebury, CT 06762  
203-758-2588 (Fax) 203-758-2599

**Imaging Partners of Waterbury Hospital\***  
134 Grandview Avenue, Suite 103  
Waterbury, CT 06708  
203-573-6200 (Fax) 203-574-3298

Brain

IAC's (w/contrast recommended)

Temporal Bone

Pituitary (w/contrast recommended)

Facial Bones     Dental Scan Mandible/Maxilla

Sinus (must check one)  
     Screening (4 axial slices)     Pre Endoscopic (fine coronal images)

Complete Sinus Series (axial & coronal)

Orbits

Soft Tissue Neck

Spine  3D Rendering  
     Cerv     Thor     Lumb

Chest  Standard  
     High Res. (for interstitial dis. only)  
     Pulmonary Embolism  
     Lung Cancer Screen

Abdomen     IVP

Pelvis     Enterography

Extremities  3D Rendering  
    R L \_\_\_\_\_

Other \_\_\_\_\_

**CT Angiography (3D Rendering) (Middlebury & IPWH)**

Head

Carotid

Chest

Abdominal  
     Renal     Aorta     SMA

Pelvis

Extremities

Other \_\_\_\_\_

**Ultrasound**

**DRA Middlebury**  
Turnpike Office Park, Lower Level  
1579 Straits Turnpike  
Middlebury, CT 06762  
203-758-2588 (Fax) 203-758-2599

**DRA Waterbury**  
134 Grandview Avenue, Suite 101  
Waterbury, CT 06708  
203-756-8911 (Fax) 203-574-3298

Thyroid/Neck

Diagnostic Breast R L

Screening Breast R L

Abdomen with Doppler

Abdomen complete (Fasting)

Abdomen limited (Fasting)  
    Specify \_\_\_\_\_

Renal Artery Doppler - Fasting

Renal, Ureters & Bladder (Full Bladder)

Aorta

Pelvic-Transabd. w/ Doppler

Pelvic-Transvag. w/ Doppler

Pregnancy/OB

Carotid Doppler

Scrotum with Doppler

Venous doppler Ext  
    Bilat R L Leg Arm (circle)

Thyroid Biopsy (Waterbury)

Breast Cyst Asprrtn. (Waterbury)

Other \_\_\_\_\_

**DEXA**

**DRA Waterbury**

reason for exam:

Z78.0 Menopausal State Asymptomatic

R29.890 Loss of Height

M81.0 Age Related Osteoporosis w/o Fx

M89.9 Disorder of Bone (Osteopenia)

Z79.52 Long Term Steroid Use

Z79.83 Long Term Current Use of Biphosphonates

E21.0 Hyperparathyroidism, Primary

E28.39 Other Ovarian Failure

E55.9 Vitamin D Deficiency, Unspecified

K50.918 Crohn's Disease

K90.0 Celiac Disease

M81.8 Drug Induced Osteoporosis

M84.0 Pathological Fracture Site Unspecified

M85.80 Other Specified Disorder Bone Density

N95.1 Menopausal & Female Climacteric Site

S12.8D Fracture Cervical sp, Unspecified

S32.009 Fracture Lumbar Vertebrae

N95.0 Post Menopausal Bleeding

**X-Ray**

**DRA Middlebury**  
Turnpike Office Park, Lower Level  
1579 Straits Turnpike  
Middlebury, CT 06762  
203-758-2588 (Fax) 203-758-2599

**DRA Waterbury**  
134 Grandview Avenue, Suite 101  
Waterbury, CT 06708  
203-756-8911 (Fax) 203-574-3298

Orbits

Chest

Abdomen: Supine & Erect

C-Spine:  
     AP & Lateral  
     Complete 4/5 view  
     Complete incl. Flex. & Ext.

T-Spine: AP & Lateral

L-Spine:  
     AP & Lateral  
     Complete incl. Obliques  
     Complete incl. Flex. & Ext.

KUB

Pelvis

IVP

Shoulder R L

Elbow R L

Wrist R L

Hand R L    Finger \_\_\_\_\_

Hip R L

Knee R L

Ankle R L

Foot R L    Toe \_\_\_\_\_

Other \_\_\_\_\_

**Interventional Radiology**

**DRA Middlebury**  
Turnpike Office Park, Lower Level  
1579 Straits Turnpike  
Middlebury, CT 06762  
203-758-2588 (Fax) 203-758-2599

Abscess Catheter Check

Epidural Steroid Injection  
    Specify Level \_\_\_\_\_

Gastrostomy tube check/change

Joint Steroid Injection  
    Specify Joint \_\_\_\_\_

Lumbar puncture  
     Opening Pressure  
     CSF LABs \_\_\_\_\_

Nephrostogram

Nephrostomy Tube Change

PICC Insertion

P.V.D. Consult

Sacroiliac Jnt Injection (CT)  
    Specify Area \_\_\_\_\_

Tumor RF Ablation consult

Uterine Fibroid Embltzn Consult

Varicose Vein Ablation Consult  
    Right Left Bilateral

Varicose Vein Ablation (EVLV)  
    Right Left Bilateral

Vertebroplasty Consult

Other \_\_\_\_\_

\* Joint Partnership Between Waterbury Health & DRA  
Rev. (04/22)