

WaterburyHEALTH Valley Imaging Partners, LLC

Imaging Partners of WATERBURY HOSPITAL

	SSOCIATES	Appointment Date:	Time:	am/pm
Patient's	s Name:			Lab Information
		Patient Cell Phone:		(for contrast injections only)
		Pre-Auth#:		Creatinine
				eGFR
Kelelili	sigr	nature	Print full name	
MF		FETY QUESTIONAIRE ON BACK AND FAX W. 1/2 Dose Contrast		3T MR Angiography (Middlebury
3T	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 Pituitat Corbits Soft Tissue Neck Spine Cerv Thor Lumb Brachial Plexus Chest/Mediastinum Abdomen Liver Kidney MRCP (Fastin	Pelvis MR Arthro (Middleb Elbow R L Wrist R L Hip R L Knee R L Ankle R L Foot R L	□ Abdominal □ Renal □ Aorta □ SMA □ Runoff □ Pelvis □ Extremities
Ma	mmography 3-D 1	Mammography Available	☐ Same Day Screening Br	
	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 BOTHLEFTRIGHT □ Implants	if mammographically de Family or personal h Positive genetic testi	nistory
CT	SCAN with IV contrast	□ without IV contrast □ with/with	hout IV contrast 🔲 oral contrast	CT Angiography (3D Rendering
	DRA Middlebury 1579 Straits Turnpike (Lower Level) Middlebury, CT 06762 203-758-2588 (Fax) 203-758-2599	□ Brain □ IAC's (w/contrast recommended) □ Temporal Bone □ Pituitary (w/contrast recommended) □ Facial Bones □ Dental Scan		(Middlebury & IPWH) ☐ Head ☐ Carotid
	Imaging Partners of Waterbury Hospital* 134 Grandview Avenue, Suite 103	Sinus (must check one) Screening (4 axial slices) Pre Endoscopic Complete Sinus Series (axial & coronal) (fine coronal in	□ Abdomen □ IVP □ Pelvis □ Enterograp □ Extremities □ 3D Rendering	☐ Extremities
	Waterbury, CT 06708 203-573-6200 (Fax) 203-574-3298	□ Orbits□ Soft Tissue Neck	R L	Other
Ult:	rasound	☐ Thyroid/Neck☐ Diagnostic Breast R L	☐ Pelvic-Transabd. w/ Doppler☐ Pelvic-Transvag. w/ Doppler	DEXA
	DRA Middlebury Turnpike Office Park, Lower Level	☐ Screening Breast R L	□ Pregnancy/OB	☐ DRA Waterbury reason for exam:
	1579 Straits Turnpike Middlebury, CT 06762	□ Abdomen with Doppler□ Abdomen complete (Fasting)	Carotid DopplerScrotum with Doppler	☐ Z78.0 Menopausal State Asymptomatic
	203-758-2588 (Fax) 203-758-2599	☐ Abdomen limited (Fasting)	☐ Venous doppler Ext Bilat R L Leg Arm (circle)	R29.890 Loss of Height
	DRA Waterbury 134 Grandview Avenue, Suite 101	Specify Renal Artery Doppler - Fasting	☐ Thyroid Biopsy (Waterbury)	☐ M81.0 Age Related Osteoporosis w/o Fx
	Waterbury, CT 06708 203-756-8911 (Fax) 203-574-3298	☐ Renal, Ureters & Bladder (Full Bladder) ☐ Aorta	□ Breast Cyst Asprtn. (Waterbury)□ Other	☐ M89.9 Disorder of Bone (Osteopenia)
VI	Dov	☐ Orbits	□ KUB	☐ Z79.52 Long Term Steroid Use ☐ Z79.83 Long Term Current Use of
X-I	NA y DRA Middlebury	☐ Chest ☐ Abdomen: Supine & Erect	☐ Pelvis ☐ IVP	Bishphosphonates
_	Turnpike Office Park, Lower Level 1579 Straits Turnpike	C-Spine:	☐ Shoulder R L ☐ Elbow R L	 □ E21.0 Hyperparathyroidism, Primary □ E28.39 Other Ovarian Failure
	Middlebury, CT 06762 203-758-2588 (Fax) 203-758-2599	☐ Complete 4/5 view☐ Complete incl. Flex. & Ext.	☐ Wrist R L ☐ Hand R L Finger	☐ E55.9 Vitamin D Deficiency, Unspecified
	DRA Waterbury	☐ T-Spine: AP & Lateral	☐ Hip R L ☐ Knee R L	☐ K50.918 Crohn's Disease
_	134 Grandview Avenue, Suite 101 Waterbury, CT 06708	L-Spine: ☐ AP & Lateral ☐ Complete incl. Obliques	☐ Ankle R L☐ Foot R L☐ Toe	☐ K90.0 Celiac Disease
	203-756-8911 (Fax) 203-574-3298	Complete incl. Flex. & Ext.	Other	☐ M81.8 Drug Induced Osteoporosis
Int	terventional Rad	iology	☐ Sacroiliac Jnt Injection (CT)	M84.40 Pathological Fracture Site Unspecified
	DRA Middlebury Turnpike Office Park, Lower Level	☐ Joint Steroid Injection Specify Joint	Specify Area Tumor RF Ablation consult	☐ M85.80 Other Specified Disorder Bone Density
	1579 Straits Turnpike Middlebury, CT 06762 203-758-2588 (Fax) 203-758-2599	☐ Lumbar puncture ☐ Opening Pressure	☐ Uterine Fibroid Emblztn Consult☐ Varicose Vein Ablation Consult☐	□ N95.1 Menopausal & Female Climacteric Site
	☐ Abscess Catheter Check	CSF LAbs	Right Left Bilateral Varicose Vein Ablation (EVLT)	S12.8D Fracture Cervical sp, Unspecified
	☐ Epidural Steroid Injection Specify Level	NephrostogramNephrostomy Tube Change	Right Left Bilateral	□ S32.009 Fracture Lumbar Vertebrae □ N95.0 Post Menopausal Bleeding
	Gastrostomy tube check/change	☐ PICC Insertion	☐ Vertebroplasty Consult	= 1775.0 Fost Menopausai Dicetting
		☐ P.V.D. Consult	☐ Other	

^{*} Joint Partnership Between Waterbury Health & DRA Rev. (04/22)

Exa	m Preparations			
	Mammography	Exam screening time 15-30 minutes. Diagnostic exam time 1 hour, and may require ultrasound. No deodorant, powders or perfumes. For patient comfort only, no caffeine for 72 hours.		
	CT Scan*	Time 30-60 minutes. Weight limit 350lbs.		
	. •	n and pelvis without contrast require no prep.		
	☐ All other CT Scans - patien	t must have nothing by mouth 4 hours before exam. Sips of water and necessary medicine are ok.		
	DEXA	Exam time 30 minutes. No prep necessary.		
☐ IVP* Exam time 1-2 hours. Nothing to eat or drink four hours prior to		Exam time 1-2 hours. Nothing to eat or drink four hours prior to the exam.		
	Ultrasound	Exam time 30 - 60 minutes.		
	Obstetrical	First trimester only - Drink 32oz. of liquid and finish drinking 1 hour before exam.		
	☐ Pelvic	Do not urinate until the exam is completeDrink 32oz. of liquid and finish drinking 1 hour before exam. Do not urinate until the exam is complete.		
	☐ Abdomen	-(Gallbladder, Pancreas, Aorta) - Eat a fat free dinner the evening before the exam. Only water after midnight. ities and vascular require no prep.		
	MRI (3T or Open)*	Exam time 20-60 minutes. Weight limit for 3T is 550 lbs and 400 lbs for Open. There are a few		
_	SAFETY QUESTIONAIRE	safety issues related to the magnetic field with certain patients. Please complete the following checklist with thepatient prior to scheduling. If any of the answers are yes, bring these to the attention		
	YES NO	of the scheduler upon calling.		
	Does the patient have	a pacemaker? (Patients with pacemakers may not be scanned)		
	☐ Has the patient ever received an injury to the eye or body involving metal fragments? If yes have they had an MRI since initial injury?			
	☐ ☐ Has the patient ever h	ad any type of surgery? Type		
	Does the patient have	☐ Does the patient have an implant, prosthesis, stents or orthopedic hardware? Type		
	☐ Is the patient claustrophobic? Weight pounds Height			
	☐ Does the patient have a history of renal failure, diabetes, or high blood pressure?			
* (CONSULT YOUR DOCTOR IF Y	OU ARE RECEIVING CONTRAST AND HAVE KIDNEY FAILURE OR RENAL INSUFFICIENCY		
D	RECTIONS:			
D	iagnostic Radiology Assoc	iates Diagnostic Radiology Associates &		

Turnpike Office Park, Lower Level 1579 Straits Turnpike, Middlebury, CT 06762

FROM THE WEST

(Route 63 North). Travel 1.2 miles then turn Left (Turnpike Office Park.) Enter building through glass archway. Take elevator to the Lower Level.

FROM THE EAST

I-84 West: Exit 17 (Middlebury/Naugatuck) Exit 17. At the first light, turn Right (Route 63 North). Travel 0.7 miles and turn Left (Turnpike Office Park). Enter building through glass archway. Take elevator to Level.

FROM THE SOUTH

Route 8 North. Merge onto I-84 West (Exit 33). Take I-84 West to Exit 17 (Middlebury/Naugatuck). At the first light, turn Right (Route 63 North) Travel 0.7 miles and turn Left (Turnpike Office Park). Enter building through glass archway. Take elevator to the Lower Level.

FROM THE NORTH

Route 8 South: Merge onto I-84 West (Exit 33). Take I-84 West to Exit 17 (Middlebury/Naugatuck). At the first light, turn Right (Route 63 North) Travel 0.7 miles and turn Left (Turnpike Office Park). Enter building through glass archway. Take elevator to the Lower Level.

Imaging Partners of Waterbury Hospital 134 Grandview Ave, Ste 101 & 103, Waterbury, CT 06708

FROM THE WEST

I-84 East: Exit 17 (Middlebury/Naugatuck) At end of exit ramp, turn Left I-84 East. Exit 18 (Chase Parkway). At end of exit ramp, turn Right. Go to next light, turn Right. Turn Right at next light on to (West Main St.) Take the fourth Left (Grandview Ave.). The Medical Arts Building is on your Right.

FROM THE EAST

I-84 West. Exit 18 (Highland Ave./West Main St.). Bear Left on exit (West Main St.). At light, turn Right (West Main St.) Take the Third Left (Grandview Ave.). The Medical Arts Building is on your Right.

FROM THE SOUTH

Route 8 North. Exit 32. Continue on (Riverside St.). Turn Left under Route 8 (West Main St.) Continue up West Main St. and turn Right (Grandview Ave.). The Medical Arts Building is on your Right.

FROM THE NORTH

Route 8 South. Exit 34. Turn Right (West Main St.). Turn Right (Grandview Ave.). The Medical Arts Building is on your Right.

Open MRI 690 Main Street South, Suite 7LL • Southbury, CT 06488

FROM THE WEST

Take I-84 East to Exit 14. Go to end of ramp take a right onto CT-172 N/S Britain Road. At the first light take a right onto Main Street South (Route 6). Pass through 2 traffic lights and take a left into Riverview Plaza. Office is around the back, behind Alliance Medical, Suite7LL.

FROM THE EAST

Take I-84 West to Exit 14. Go to the end of the ramp, turn left onto CT-172 N/S Britain Road. At first traffic light turn right onto Main Street South Route 6). Pass through 2 traffic lights and take a left into Riverview Plaza. Office is around the back, behind Alliance Medical, Suite 7LL