



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

### DRA Middlebury

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

☐ 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

### DRA Waterbury

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

☐ Screening BOTH...LEFT...RIGHT

☐ 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

☐ 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. and/or Transvag.

☐ Pregnancy/OB

☐ Carotid Doppler

☐ Scrotum with Doppler

☐ Venous doppler Ext

Bilat R L Leg Arm (circle)

☐ Thyroid Biopsy (Waterbury)

☐ Breast Cyst Asprtn. (Waterbury)

☐ Other \_\_\_\_\_

## DEXA

### DRA Waterbury

reason for exam:

- ☐ 252.01 Primary Hyperparathyroidism
- ☐ 256.20 Postablative Ovarian Failure
- ☐ 256.31 Premature Menopause
- ☐ 256.39 Other Ovarian Failure
- ☐ 259.30 Ectopic Hormone Secretion
- ☐ 627.00 Premenopausal Menorrhagia
- ☐ 627.10 Post Menopausal Bleeding
- ☐ 627.20 Symptomatic Menopausal
- ☐ 627.30 Postmenopausal Atrophic Vaginitis
- ☐ 627.40 Symptomatic States Associated w/ artificial menopause
- ☐ 627.80 Other Menopausal/Post Menopausal Disorders
- ☐ 627.90 Unspec Menopausal/Postmenopausal Disorders
- ☐ 733.00 Osteoporosis Unspecified
- ☐ 733.01 Senile Osteoporosis
- ☐ 733.02 Idiopathic Osteoporosis
- ☐ 733.03 Disuse Osteoporosis
- ☐ 733.09 Drug Induced Osteoporosis
- ☐ 733.13 Pathological Fracture Spine
- ☐ 756.51 Osteogenesis Imperfecta
- ☐ 758.60 Godadal Dysgenesis
- ☐ 793.70 Nonspecific Abnormal Finding Musculoskeletal System
- ☐ 805.0-805.9 Fracture Vertebrae Specify Level \_\_\_\_\_
- ☐ E932.0 Adrenal Cortical Steroid Use
- ☐ V45.77 S/P Oophorectomy
- ☐ V49.81 Asymptomatic Postmenopausal
- ☐ V58.65 Long Term Steroid Use (current)
- ☐ V58.68 Long Term Use Bisphosphonates
- ☐ V58.69 Long Term Use High Risk Meds Including for Osteoporosis
- ☐ V67.51 Response To Completed Drug Therapy For Osteoporosis

## 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

☐ 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 Embltn Consult

☐ Varicose Vein Ablation Consult

Right Left Bilateral

☐ Varicose Vein Ablation (EVL)

Right Left Bilateral

☐ Vertebroplasty Consult

☐ Other \_\_\_\_\_

For more information visit us at [www.DRAXray.com](http://www.DRAXray.com),

[www.VALLEYIMAGINGPARTNERS.org](http://www.VALLEYIMAGINGPARTNERS.org) or [www.IMAGINGPARTNERS.org](http://www.IMAGINGPARTNERS.org)



## Exam 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.
- ☐ Extremities, spine, abdomen and pelvis without contrast require no prep.
- ☐ All other CT Scans - patient 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 the exam.
- ☐ **Ultrasound** Exam time 30 - 60 minutes.
- ☐ Obstetrical First trimester only - Drink 32oz. of liquid and finish drinking 1 hour before exam. Do not urinate until the exam is complete.
- ☐ Pelvic - Drink 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.
- ☐ Neck, chest, breast, extremities 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 issues related to the magnetic field with certain patients. Please complete the following checklist with the patient prior to scheduling. If any of the answers are yes, bring these to the attention of the scheduler upon calling.
- SAFETY QUESTIONNAIRE**
- YES NO
- ☐ ☐ 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 had any type of surgery? Type \_\_\_\_\_
- ☐ ☐ 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 YOU ARE RECEIVING CONTRAST AND HAVE KIDNEY FAILURE OR RENAL INSUFFICIENCY

### DIRECTIONS:

#### **Diagnostic Radiology Associates Turnpike Office Park, Lower Level 1579 Straits Turnpike, Middlebury, CT 06762**

##### **FROM THE WEST**

**I-84 East: Exit 17 (Middlebury/Naugatuck)** At end of exit ramp, turn Left (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.

#### **Valley Imaging Partners**

##### **CrossPointe Plaza**

##### **799 New Haven Rd (Rte. 63) Naugatuck, CT 06770**

##### **FROM THE WEST**

**I-84 East. Exit 19 (Route 8 South).** Take Route 8 South to Exit 25 (Cross St.) Turn Left at bottom of ramp. At stop sign, continue straight on (Cross St.). Crosspointe Plaza is on your Right.

##### **FROM THE EAST**

**I-84 West. Exit 19 (Route 8 South).** Take Route 8 South to Exit 25 (Cross St.) Turn Left at bottom of ramp. At stop sign, continue straight on (Cross St.). Crosspointe Plaza is on your Right.

##### **FROM THE SOUTH**

**Route 8 North** to Exit 25 (Cross St.) Turn Right at end of ramp (Cross St.) At stop sign, continue straight on (Cross St.). Crosspointe Plaza is on your Right.

##### **FROM THE NORTH**

**Route 8 South** to Exit 25 (Cross St.) Turn Left at the bottom of ramp. At stop sign, continue straight on (Cross St.). Crosspointe Plaza is on your Right.

#### **Diagnostic Radiology Associates & Imaging Partners of Waterbury Hospital 134 Grandview Ave, Ste 101 & 103, Waterbury, CT 06708**

##### **FROM THE WEST**

**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.