

PATIENT NAME: _____ DOB: / /

DATE: / / APPT. TIME: _____ PLEASE TRY TO ARRIVE 15-30 MIN. BEFORE YOUR APPOINTMENT. IF YOU MUST RESCHEDULE OR CANCEL YOUR APPT., PLEASE GIVE AT LEAST 24 HOUR NOTICE.

PRECERT #: _____ ALL APPOINTMENTS REQUIRING PRECERT MUST BE CONFIRMED 24 HOURS IN ADVANCE.

REFERRING PHYSICIAN: _____	<input type="checkbox"/> CALL STAT REPORT
ADDRESS: _____	<input type="checkbox"/> IMAGE ON CD
TEL: _____ FAX: _____	<input type="checkbox"/> TELERAD
	<input type="checkbox"/> ADDITIONAL IMAGES (IF NEEDED) (PLEASE CHECK TO APPROVE FOR RADIOLOGIST)

GENERAL RADIOLOGY / X-RAY

- | | |
|--|---|
| <input type="checkbox"/> BONE AGE | <input type="checkbox"/> SOFT TISSUE NECK |
| <input type="checkbox"/> CHEST | <input type="checkbox"/> T-SPINE |
| <input type="checkbox"/> C-SPINE | <input type="checkbox"/> L-SPINE |
| <input type="checkbox"/> FACIAL BONES | <input type="checkbox"/> SCOLIOSIS |
| <input type="checkbox"/> FEMUR R L B | <input type="checkbox"/> SACRUM/COCCYX |
| <input type="checkbox"/> FINGERS R L B | <input type="checkbox"/> ABDOMEN |
| <input type="checkbox"/> FOREARM R L B | <input type="checkbox"/> PELVIS |
| <input type="checkbox"/> HAND R L B | <input type="checkbox"/> SHOULDER R L B |
| <input type="checkbox"/> HIP R L B | <input type="checkbox"/> CLAVICLE R L B |
| <input type="checkbox"/> MANDIBLE | <input type="checkbox"/> SCAPULA R L B |
| <input type="checkbox"/> NASAL BONES | <input type="checkbox"/> HUMERUS R L B |
| <input type="checkbox"/> ORBITS | <input type="checkbox"/> ELBOW R L B |
| <input type="checkbox"/> RIBS R L B | <input type="checkbox"/> TIBIA/FIBULA R L B |
| <input type="checkbox"/> STERNUM | <input type="checkbox"/> KNEE R L B |
| <input type="checkbox"/> SKULL | <input type="checkbox"/> ANKLE R L B |
| <input type="checkbox"/> SINUSES | <input type="checkbox"/> FOOT R L B |
| <input type="checkbox"/> TMJ R L B | <input type="checkbox"/> CALCANEUS R L B |
| <input type="checkbox"/> WRIST R L B | <input type="checkbox"/> TOES R L B |
| | <input type="checkbox"/> OTHER _____ |

HOW MANY VIEWS? _____

CT 16 MULTIDETECTOR/SPIRAL W/3D

- | | W/O | WITH & W/O |
|-----------------------------------|--------------------------------|--------------------------------|
| BRAIN | <input type="checkbox"/> 70450 | <input type="checkbox"/> 70470 |
| IAC | <input type="checkbox"/> 70480 | <input type="checkbox"/> 70480 |
| PITUITARY | <input type="checkbox"/> 70450 | <input type="checkbox"/> 70470 |
| ORBITS | <input type="checkbox"/> 70480 | <input type="checkbox"/> 70482 |
| SINUSES | <input type="checkbox"/> 70486 | <input type="checkbox"/> 70488 |
| FACIAL BONE | <input type="checkbox"/> 70486 | <input type="checkbox"/> 70486 |
| TEMPORAL BONE | <input type="checkbox"/> 70480 | <input type="checkbox"/> 70480 |
| SOFT TISSUE NECK | <input type="checkbox"/> 70490 | <input type="checkbox"/> 70492 |
| CHEST | <input type="checkbox"/> 71250 | <input type="checkbox"/> 71270 |
| ABDOMEN | <input type="checkbox"/> 74150 | <input type="checkbox"/> 74170 |
| PELVIS | <input type="checkbox"/> 72192 | <input type="checkbox"/> 72194 |
| ABDOMEN & PELVIS | <input type="checkbox"/> 74176 | <input type="checkbox"/> 74178 |
| CERVICAL SPINE | <input type="checkbox"/> 72125 | <input type="checkbox"/> 72127 |
| THORACIC SPINE | <input type="checkbox"/> 72128 | <input type="checkbox"/> 72130 |
| LUMBAR SPINE | <input type="checkbox"/> 72131 | <input type="checkbox"/> 72133 |
| HIGH RESOLUTION CHEST | <input type="checkbox"/> 71250 | <input type="checkbox"/> 71250 |
| PULMONARY NODULE (LUNG) SCREENING | <input type="checkbox"/> G0297 | |
| OTHER _____ | | |

WITH MULTI-PLANNER RECONSTRUCTION UNLESS CHECKED

CTA (ANGIOGRAPHY) W/3D WITH & W/O

- | | |
|--|--|
| HEAD INTRACRANIAL VESSELS | <input type="checkbox"/> 70495 & 76375 |
| NECK CAROTID | <input type="checkbox"/> 70498 & 76375 |
| CHEST | <input type="checkbox"/> 71275 & 76375 |
| ABDOMEN AORTA | <input type="checkbox"/> 74175 & 76375 |
| PELVIS | <input type="checkbox"/> 72191 & 76375 |
| ABDOMEN AND PELVIS | <input type="checkbox"/> 74174 & 76375 |
| UPPER EXTREMITY | <input type="checkbox"/> 73206 & 76375 |
| LOWER EXTREMITY | <input type="checkbox"/> 73706 & 76375 |
| AORTO-ILIOFEMORAL RUNOFF | <input type="checkbox"/> 75635 & 76375 |
| WITH MULTI-PLANNER RECONSTRUCTION UNLESS CHECKED | <input type="checkbox"/> |

MRI 1.5T HIGH FIELD OPEN MRI

- | | W/O | WITH & W/O |
|--|--------------------------------|--------------------------------|
| BRAIN | <input type="checkbox"/> 70551 | <input type="checkbox"/> 70553 |
| PITUITARY | <input type="checkbox"/> 70551 | <input type="checkbox"/> 70553 |
| IACS | <input type="checkbox"/> 70551 | <input type="checkbox"/> 70553 |
| ORBITS | <input type="checkbox"/> 70540 | <input type="checkbox"/> 70543 |
| SINUSES | <input type="checkbox"/> 70540 | <input type="checkbox"/> 70543 |
| TMJ R L B | <input type="checkbox"/> 70336 | |
| NECK SOFT TISSUE | <input type="checkbox"/> 70540 | <input type="checkbox"/> 70543 |
| BRACHIAL PLEXUS | <input type="checkbox"/> 70540 | <input type="checkbox"/> 70543 |
| CERVICAL SPINE | <input type="checkbox"/> 72141 | <input type="checkbox"/> 72156 |
| THORACIC SPINE | <input type="checkbox"/> 72146 | <input type="checkbox"/> 72157 |
| LUMBAR SPINE | <input type="checkbox"/> 72148 | <input type="checkbox"/> 72158 |
| CHEST | <input type="checkbox"/> 71550 | <input type="checkbox"/> 71552 |
| ABDOMEN | <input type="checkbox"/> 74181 | <input type="checkbox"/> 74183 |
| PELVIS | <input type="checkbox"/> 72195 | <input type="checkbox"/> 72197 |
| SHOULDER R L B | <input type="checkbox"/> 73221 | <input type="checkbox"/> 73223 |
| ELBOW R L B | <input type="checkbox"/> 73221 | <input type="checkbox"/> 73223 |
| WRIST R L B | <input type="checkbox"/> 73221 | <input type="checkbox"/> 73223 |
| HAND R L B | <input type="checkbox"/> 73218 | <input type="checkbox"/> 73220 |
| HIP R L B | <input type="checkbox"/> 73721 | <input type="checkbox"/> 73723 |
| KNEE R L B | <input type="checkbox"/> 73721 | <input type="checkbox"/> 73723 |
| ANKLE R L B | <input type="checkbox"/> 73721 | <input type="checkbox"/> 73723 |
| FOOT R L B | <input type="checkbox"/> 73718 | <input type="checkbox"/> 73720 |
| BREAST MRI WITH AND WITHOUT | <input type="checkbox"/> 77059 | |
| MRV <input type="checkbox"/> MRCP <input type="checkbox"/> | | |
| OTHER _____ | | |

MRA (ANGIOGRAPHY)

- | | WITH & W/O |
|------------------|--|
| BRAIN (W/O ONLY) | <input type="checkbox"/> 70544 & 76375 |
| NECK | <input type="checkbox"/> 70549 & 76375 |
| THORACIC AORTA | <input type="checkbox"/> 71555 & 76375 |
| ABDOMINAL AORTA | <input type="checkbox"/> 71555 & 76375 |
| RENAL | <input type="checkbox"/> 74185 |
| UPPER EXTREMITY | <input type="checkbox"/> 73225 & 76375 |
| LOWER EXTREMITY | <input type="checkbox"/> 73725 & 76375 |
| W/3D | <input type="checkbox"/> |
| OTHER _____ | |

CLINICAL HISTORY / RULE OUT / DIAGNOSIS:

DATE: _____ BUN: _____ CREATININE: _____

- *IS PATIENT PREGNANT? YES NO
 *IS PATIENT CLAUSTROPHOBIC YES NO
 *DOES PATIENT HAVE A PACEMAKER? YES NO

MAMMOGRAPHY/ BREAST IMAGING

- BRING PRIOR FILMS IF AVAILABLE
- DIGITAL SCREENING BILATERAL G0202 & 77052 W/ICAD
 - DIGITAL DIAGNOSTIC BILATERAL G0204 & 77051 W/ICAD
 - DIGITAL DIAGNOSTIC UNILATERAL R L G0206 & 77051 W/ICAD
 - STEREOTACTIC LOCALIZATION 77031
 - MAMMOGRAPHIC LOCALIZATION 77032
 - SCREENING 77057
 - SPOT COMPRESSION
 - MAGNIFICATION VIEWS IMPLANTS
 - BREAST MRI R L 77058 B 77059
 - BREAST SONO R L B 76645

ULTRASOUND

- THYROID 76596
- ABDOMEN / LIVER 76700
- CAROTID DUPLEX 93880 or 93882
- VENOUS DOPPLER 93970 or 93971
- AORTA / KIDNEY 76770
- PREGNANCY EVALUATION 76801-76812 76805 After 1st Tri.
- PELVIS 76856
- TRANSVAGINAL PELVIS 76830
- TESTES 76870
- BREAST 76645
- CHEST 76604
- OBSTETRICAL TVP (0-6 WEEKS) 76817
- SONOHYSTEROGRAPHY 76831
- OTHER _____

DEXA

- BASELINE 77080
- FOLLOW-UP 76076

SCREENING STUDIES

- THESE STUDIES ARE NOT COVERED BY INSURANCE
- CT DENTAL SCAN MANDIBLE
 - CT DENTAL SCAN MAXILLA
 - HEART & LUNG SCREENING
 - CORONARY CALCIUM (HEART) SCREENING
 - CT TOTAL BODY SCAN
 - CORONARY ANGIOGRAPHY

PREPARATION FOR DIAGNOSTIC EXAMINATIONS

WHEN MAKING YOUR APPOINTMENT PLEASE INFORM THE OFFICE IF YOU ARE PREGNANT. PATIENTS WHO ARE ELDERLY, OR HAVE DIABETES OR ANY CONDITION WHICH PREVENTS THEM FROM FOLLOWING A PREPARATION, SHOULD CONSULT THEIR PHYSICIAN.

MAGNETIC RESONANCE IMAGING

Blood work (BUN and CREATNINE) is needed within 45 days prior to exam if an MRI with contrast is requested and the patient is over 60 years old.

Patients with cardiac stents MUST bring stent card with them to appointment.

You cannot have a MRI if you have:

1. A CARDIAC PACEMAKER;
2. A MIDDLE EAR PROSTHESIS;
3. HAD SURGERY IN THE PAST WEEK
4. A BRAIN ANEURYSM CLIP;
5. NEUROSTIMULATORS;

Please advise the technologist if you have any prosthetic device (ie. hip or knee replacement etc.)

If the patient requires tranquilizer, please arrive 1/2 hour prior to the appointment, and must be accompanied by a companion.

All patients must remove all jewelry, hair pins and other metallic accessories for the procedure. Patients should not wear any eye makeup.

MAMMOGRAPHY

(please bring last year's films if available)

Do not wear deodorant, powder or lotion on the breast or underarm area.

If available, please bring previous mammogram films with you for comparison.

If you are nursing or recently post partum, please advise the office in advance.

DEXA

Do not take any calcium pills 24 hours prior to the exam.

CT SCAN HEAD OR BODY W/ CONTRAST

If IV contrast is requested for any CT exam, blood work (BUN and CREATNINE) is needed within 45 days prior to exam.

Oral contrast is required for the following:

- a. Abdomen with & without IV contrast/ Abdomen without IV contrast - 1 bottle (1/2 hour wait before exam after contrast is consumed)
- b. Pelvis with and without IV contrast/ Pelvis without IV contrast - 2 bottles (1 hour wait before exam after contrast is consumed)
- c. Abdomen-Pelvis with & without IV contrast/ Abdomen-Pelvis without IV contrast - 2 bottles (1 hour wait before exam after contrast is consumed)

ORAL CONTRAST WILL BE PROVIDED AT DDI (Only non-ionic contrast issued)

Do not eat, drink or chew anything 4-6 hours prior to the exam.

It is important to advise the technologist, prior to the exam, if you have a history of iodine allergy or anaphylactic reaction.

ULTRASOUND - ABDOMINAL

Nothing to eat or drink 8 hours prior. Take prescribed medications with sip of water. **Diabetics:** Consult your doctor for medication advice. Bring something with you to eat after your exam. **Pediatrics:** Nothing to eat/drink 4 hours before the exam. **Infants:** Nothing to eat/drink 2 hours before exam.

ULTRASOUND - PELVIC

Drink 32 oz. or 6 glasses of water 1 hour before scheduled exam. Do not urinate after drinking water; a full bladder is needed.

ULTRASOUND - OBSTETRICS

Day of Exam: Drink* 24 oz. or 4 glasses of water 1 hour before scheduled exam. Do not urinate after drinking water; a full bladder is needed. Please eat normally before coming for exam.

*After 26 weeks, drink 2 glasses of water 1 hour before scheduled exam.

ULTRASOUND - RENAL

Day of Exam: For a morning test: Eat light breakfast. For an afternoon test: Eat light breakfast and eat a light lunch.

If **BLADDER** exam is included, drink 32 oz. or 6 glasses of water 1 hour before pelvic portion of exam. Do not urinate after drinking water; a full bladder is needed.

ULTRASOUND - TRANSVAGINAL

Requires no preparation. Menstruation does not interfere with this procedure.

DIRECTIONS TO DDI

1484 WILLIAMSBRIDGE ROAD

Driving

FROM WHITESTONE BRIDGE: Take Hutchinson River Parkway north to Exit 2 (E. Tremont). At traffic light make left. Stay on Williamsbridge Road until you reach 1484 Williamsbridge. We are located on the right hand side between Chesbrough & Eastchester Road).

FROM NEW ENGLAND THRUWAY: I-95 Southbound, exit Pelham Parkway West. Make a left on Williamsbridge Road till you reach 1484 Williamsbridge. Office is located at the left hand side.

CROSS BRONX EXPRESSWAY: Exit Bronx River Parkway North - exit Pelham Parkway, take Service Road, and make a right on Williamsbridge Road, #1484 on the left side.

FROM NYC: Using Bruckner Expwy Northbound - exit Hutchinson River Parkway North to Exit 2, and follow #1 above.

FROM FORDHAM ROAD EASTBOUND: Take Fordham Road to Pelham Parkway and take Service Road, and make a right on Williamsbridge Road, #1484 on the left side.

Bus Lines

8 Bus on Williamsbridge Road to Silver Street (North and South), (almost in front of the office).

42 & 40 Buses on Tremont Ave toward Westchester Square. Get off at St. Raymond's Ave. Walk 1 block to Williamsbridge Rd.

31 Bus on Eastchester Rd to Williamsbridge Rd to Silver St.

12 Bus on Pelham Parkway to Williamsbridge Road. Transfer to 8 bus to Silver St.

21 Bus on Morris Park Avenue to Williamsbridge Road. Transfer to 8 bus to Silver St.

Subway Trains

6 Train to Westchester Square. Walk 4 blocks north to Williamsbridge Rd.

5 Train (towards the Bronx) to Pelham Parkway/Williamsbridge Road. Take 8 bus to Williamsbridge Rd & Silver St.

2 Train to West Farms. Take bus BX 40 or 42 toward Westchester Square. Get off at St. Raymond's Ave.

DIRECTIONS TO DDI

625 EAST FORDHAM ROAD

Driving

DDI's storefront/entrance is on Fordham Road, in the same building as MedAlliance at 625 E. Fordham Road, between Hughes & Belmont Aves.

I-95 to Pelham Parkway West. Go west approx. 3 miles to Hughes Ave.

Bronx River Parkway to Fordham Road.

Go West 1/2 mile to Hughes Ave.

I-87 Major Deegan to Fordham Road.

Go East approx. 3 miles to Hughes Ave.

Bus Lines

Bx12 Bx9 Bx22 to Fordham Road & Belmont Ave.

Bx19 to Southern Blvd & Fordham Road, then walk 4 blocks west to Hughes Ave.

Bx55, Bx15 to Fordham Road & Third Avenue, then transfer to BX12, BX9, BX22 going East to Belmont Ave.

Subway Trains

4, B, D to Fordham Road, then take the BX12 (East) to Belmont Ave.