



American Imaging Center

WEST ORANGE

Premier Outpatient Radiology Center

■ 1.5T Short Bore MRI ■ Open MRI ■ CT Scan ■ Digital Mammography

Call Stat Report Films CD Online Access

WEST ORANGE

61 Main Street • West Orange, NJ 07052

Tel: 973.669.1989 • Fax: 866-355-7427 • Fax: 973-669-5949

HACKENSACK

155 State Steet • Hackensack, NJ 07601

Tel: 201.487.5300 • Fax: 866.758.9901 • Fax: 201.487.5378

PATIENT NAME _____

REASON FOR EXAM / DIAGNOSIS _____

PHYSICIAN'S NAME _____ TELEPHONE _____

PHYSICIAN'S SIGNATURE _____

I hereby certify that the exam(s) ordered on this form is/are medically necessary to manage the care of the patient.

1.5T MRI

OPEN MRI

WITH AND WITHOUT CONTRAST * WITHOUT CONTRAST

*BUN _____ CREAT _____ Date of Blood Work _____

HEAD

- Brain (routine)
- Brain (seizure protocol) 3T Only
- Brain (high field trauma sequence) 3T Only
- IAC'S
- Orbits (optic nerve)
- Pituitary Gland (w/wo contrast)
- Sinuses
- TMJ

SPINE

- Cervical Level: _____
- Thoracic Level: _____
- Lumbar Level: _____
- Pelvic Bone (w/ sacrum/coccyx)

CHEST/BODY

- Neck (soft tissue)
- Breast MRI with CAD (bilateral) w/wo contrast

ABDOMEN

- Abdomen w/o contrast
- Abdomen w/wo contrast
- MR Urogram (no contrast)

PELVIS

- Pelvis w/o contrast
- Pelvis w/wo contrast
- Male Pelvic Bone
- Female Pelvic
- MRI Prostate with CAD w/wo contrast

■ PET/CT (Hackensack Only)

- Oncology Type _____
- Dignosis _____
- Staging
- Restaging
- Bone Scan
- Myocardial Viability Study _____
- Neuro/Alzheimer _____

MR ANGIOGRAM

- Carotids
- Cerebral
- Renals
- Aorta
- Lower Extremities Runoff (includes Abdomen, Pelvis, Lower Extremities)
- Upper Extremities Runoff (Chest, Arm, Forearm, Hand)
- MRCP

MR VENOGRAPHY

- Abdomen
- Pelvis
- Chest
- Neck
- Cerebral

MRI ARTHROGRAM

- Shoulder

L	R	B
---	---	---
- Knee

L	R	B
---	---	---
- Elbow

L	R	B
---	---	---
- Ankle

L	R	B
---	---	---
- Hip

L	R	B
---	---	---
- Wrist

L	R	B
---	---	---

EXTREMITIES

- Knee

L	R	B
---	---	---
- Ankle

L	R	B
---	---	---
- Foot

L	R	B
---	---	---
- Shoulder

L	R	B
---	---	---
- Elbow

L	R	B
---	---	---
- Wrist

L	R	B
---	---	---
- Hand

L	R	B
---	---	---
- Thigh

L	R	B
---	---	---
- Hip

L	R	B
---	---	---
- Lower Leg

L	R	B
---	---	---

■ CT-SCAN BUN _____ CREAT _____

LOW DOSE

- | | with & w/o | w/o |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Brain w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Pituitary w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Orbits w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Temporal Bones/IAC w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Sinuses w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Neck-Soft Tissue w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Lung w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Chest w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Abdomen/Pelvisw/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Pelvis w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Cervical Spine w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Thoracic Spine w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Lumbar Spine w/3D | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Extremities w/3D | <input type="checkbox"/> | <input type="checkbox"/> |

■ CT-Angiogram BUN _____ CREAT _____

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> CTA Heart | <input type="checkbox"/> CTA Pelvis |
| <input type="checkbox"/> CTA Head | <input type="checkbox"/> CTA Upper |
| <input type="checkbox"/> CTA Carotid | <input type="checkbox"/> CTA Lower |
| <input type="checkbox"/> CTA Chest | <input type="checkbox"/> CTA Aorta |
| <input type="checkbox"/> CTA Abdomen Aorta | |

■ Sonography

- Abdomen/Retroperitoneum w/Doppler
- Female Pelvis/Transabd/Transvag w/Doppler
- OB Sono 1st Trimester w/Doppler
- OB Sono Targeted w/Doppler
- OB Sono BPP Limited Scan
- Male Pelvis/Transabd w/Doppler
- Thyroid w/Color Mapping
- Breast w/Color Mapping
- Testicular w/Doppler
- Extremity
- Other _____

■ Vascular Doppler

- LE - (Lower Extremity) - Arterial

L	R	B
---	---	---
- UE - (Upper Extremity) - Arterial

L	R	B
---	---	---
- LE - Venous

L	R	B
---	---	---
- ABI - Ankle Brachial Indices

L	R	B
---	---	---
- Carotid
- Vertebral w/Limited Intracranial Imaging
- Abdominal Vasculature
- Other _____

■ Digital X-RAY

- Skull
- Orbits

RT	LT
----	----
- Facial Bones
- Nasal Bones
- Paranasal Sinuses
- Nasopharynx/Soft Tissue Neck
- Cervical Spine
- Thoracic Spine
- Lumbar Spine/Pelvis
- Pelvis
- Sacrum/Coccyx
- SI Joints
- Shoulder

RT	LT
----	----
- Scapula

RT	LT
----	----
- Clavicle

RT	LT
----	----
- Chest PA/LAT
- Ribs

RT	LT
----	----
- Sternum
- Arm/Humerus

RT	LT
----	----
- Elbow

RT	LT
----	----
- Forearm

RT	LT
----	----
- Wrist

RT	LT
----	----
- Hand

RT	LT
----	----
- Finger

RT	LT
----	----
- Abdomen - KUB
- Abdomen -Flat/Upright
- Hip

RT	LT
----	----
- Knee

RT	LT
----	----
- Tibia/Fibula

RT	LT
----	----
- Ankle

RT	LT
----	----
- Heel/Calcaneous

RT	LT
----	----
- Foot

RT	LT
----	----
- Toe

RT	LT
----	----
- Skeletal Survey
- Scoliosis Series
- Other _____

■ Digital Mammography

- Screening
- Diagnostic

RT	LT
----	----
- Unilateral

RT	LT
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■ DEXA

- Bone Densitometry
- Vertebral Fracture Assessment

■ Echocardiography

- Echocardiography w/Color Doppler & Velocity Mapping

PATIENT INSTRUCTIONS

MRI (Magnetic Resonance)

- Surgical vascular clips • Neurostimulators • Cochlear Implants
- Breast Tissue Expander • IVC Filter • Penile Implants
- Pacemaker • Silver backed dermal patches

Do not wear eye make-up. Music is available during the examination.

Patients with pacemakers, cerebral aneurysm clips, ferrometallic implants CANNOT HAVE AN MRI EXAM PERFORMED.

There is special preparation for abdominal and pelvic MRI: nothing to eat or drink 4 hours until the exam.

BREAST MRI: has to be done between the 7th and 14th day after the menstrual cycle.

MRCP: nothing to eat or drink 12 hours prior to the exam.

CT SCAN: Nothing to eat or drink 6 hours before exam. For contrast administration please supply Bun/Creat levels and inform us if you are diabetic and take Glucophage or Glucovance

CT INFORMATION:

BUN _____ **CREAT** _____

Date of Blood Work _____ **Asthmatic or Allergic Patients, please premedicate. Diabetic Patient needing contrast, please alert our office at the time of your appointment.**

PET/CT:

- No Food for 8 hours prior to the exam.
- No caffeine 24 hours prior to the exam.
- No nicotine 24 hours prior to the exam.

Diabetic Patients will be given special instructions. Wear loose clothing. Expect to be in the building for 2 hours. Meals will be provided after the PET/CT scan. Please call the office at (201) 487-5300 for any special diet requirements.

ABDOMINAL SONOGRAM: Nothing to eat or drink for 8 hours prior to exam.

OB and PELVIC SONOGRAM:

1-1/2 hours before exam drink 4 large glasses of water. Do not empty bladder, full bladder required.

DIGITAL MAMMOGRAM:

Do not use powder, deodorant or perfume on the underarms or breast area on the day of exam. **Bring previous mammogram films.**

NUCLEAR MEDICINE:

Call for preparation.

DEXA:

No calcium pills, vitamins with calcium or dairy products on day of exam. No nuclear medicine studies or contrast studies day before exam.

DIRECTIONS

WEST ORANGE:

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FROM ROUTE 280 WEST:

Exit #10 (Northfield Ave.)
Right at traffic light at end of exit ramp.
Left at second traffic light (onto Main Street).
Right turn at next light and immediate right into parking lot.

FROM ROUTE 280 EAST:

Exit #9. Left at first traffic light at end of exit ramp (Mt. Pleasant Ave).
Go two lights and make immediate right turn after second light into parking lot.

FROM GARDEN STATE PARKWAY

Exit #145 (Newark/The Oranges) to Route 280 West.
Follow above direction.

FROM NEW JERSEY TURNPIKE

Exit #15 W to Route 280 West.
Follow above directions.

PUBLIC TRANSPORTATION:

New Jersey Transit #21 and #71 to corner of Main Street and Mt. Pleasant Avenue.

