



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

Patient's Name: \_\_\_\_\_ DOB#: \_\_\_\_\_ Tel: \_\_\_\_\_

Patient's Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Precert# \_\_\_\_\_ ICD9 \_\_\_\_\_ BUN \_\_\_\_\_ Cr \_\_\_\_\_ GFR \_\_\_\_\_ Diabetic:  Yes  No

Clinical/Diagnosis/Rule out \_\_\_\_\_

Physician \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Scheduling:  STAT

CD requested  Films requested  On-line access  Fax report

**MRI**

- With Contrast  Use IV Contrast if needed
- Brain
- IAC
- Orbits
- Sinuses
- Sella/Pituitary
- TMJ
- Nasopharynx
- Neck Soft Tissues
- Brachial Plexus
- Cervical Spine
- Thoracic Spine
- Lumbosacral Spine
- Chest
- Abdomen
- Pelvis
- Bony Pelvis
- MRCP
- Liver
- Liver/Hemangioma
- Breast -  BOTH  RT  LT
- Shoulder -  RT  LT
- Elbow -  RT  LT
- Wrist -  RT  LT
- Hand -  RT  LT
- Hip -  RT  LT
- Knee -  RT  LT
- Ankle -  RT  LT
- Foot -  RT  LT
- Other: \_\_\_\_\_

**MRI ANGIOGRAPHY**

- With Contrast  Use IV Contrast if needed
- Brain
- Carotid
- Aorta  Thoracic  Abdominal  Complete
- Renal Artery
- Celiac/SMA
- Peripheral Vessels
  - Lower Extremity -  RT  LT
  - Upper Extremity -  RT  LT
- Other: \_\_\_\_\_

**CT**

- Use Contrast if needed (IV/Oral or Both)
- Brain
- Sinuses
- Temporal Bones
- Orbits
- Nasopharynx
- Dental CT  Maxilla  Mandible
- Salivary Glands
- Facial Bones
- Chest
- Abdomen and Pelvis
- Abdomen
- Liver Hemangioma
- Pelvis
- Renal Stone (no contrast)
- Brachial Plexus
- Neck Soft Tissues
- Cervical Spine
- Thoracic Spine
- Lumbosacral Spine
- Sacrum
- Bony Pelvis
- Upper Extremity  RT  LT
- Lower Extremity  RT  LT
- CT Urogram
- (Abdomen/Pelvis without Oral Contrast)
  - Use IV Contrast if needed
- Other: \_\_\_\_\_

**CT ANGIOGRAPHY - (With IV Contrast Always)**

- Specify: \_\_\_\_\_
- XRAY (Digital)**
- Chest (CXR)
  - One View
  - Two View
  - Include expiration CXR
- Sinus
- Orbits
- Nasal Bones
- Facial Bones
- Abdomen One View (KUB)
- Spine Specify \_\_\_\_\_
- Weight Bearing Study  Yes  No
- Ribs
  - Extremity \_\_\_\_\_  RT  LT
- Other: \_\_\_\_\_
- Ruleout Foreign Body

**ULTRASONOGRAPHY**

- Abdomen  Pelvis
- Venous duplex leg  R  L
- Renal  include transvaginal
- Breast  R  L
- Bladder  include transvaginal, if needed
- Carotid duplex  Thyroid  Aorta
- Scrotal
- BPP
- OB
- Other: \_\_\_\_\_

**BONE DENSITOMETRY**

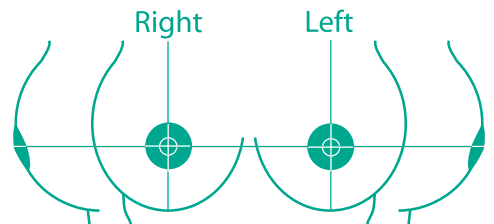
- DEXA (Osteoporosis screening)

**WOMEN'S IMAGING** (Mark area(s) of concern)

- Digital Mammography
  - Diagnostic -  Bilateral  RT  LT
  - Screening  Unilateral  RT  LT
- Breast Ultrasound -  Bilateral  RT  LT
- Breast MR -  Bilateral  RT  LT
- Bone Density screening (DEXA)

Please specify concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## General Instructions for Patients:

When making your appointment, please advise our staff if you are pregnant, maybe pregnant, or are diabetic. Continue to take any medications prescribed by your doctor with a small amount of water. Diabetics who need to fast should contact their doctor for instructions about their diabetic medication. Diabetics taking Glucophage, Glucovance, Metformin should not take your medication the day of the test. Diabetics should request an early morning appointment. If you have had blood tests, please bring your results with you.

Please arrive 15 minutes before your scheduled appointment.

Please bring your insurance card and leave jewelry and piercings at home. If you have had prior studies of the same body part or organ, please bring all films and reports with you.

### If you are having an MRI

- Do not wear makeup or use any hairclips. Please remove all drug patches.
- Please advise our staff if you are claustrophobic, have a pacemaker/defibrillator, implants, artificial heart valves, metal or shrapnel. Bring the ID card with you if you have any heart valve, stent, clip or filter in your body. If you cannot find your ID card, contact the doctor who placed the device.
- If you are to receive intravenous contrast, please do not eat for 4-6 hours before your test. If you prefer to listen to your own music, bring a CD.

### If you are having a CT Scan with intravenous contrast.

- Do not eat or drink for 4-6 hours before your test.

### If you are having a CT Scan with oral contrast.

- Please pickup oral contrast from our office the day before the test.

### If you are having an Ultrasound

- For the abdomen, do not eat or drink 6 hours prior to the test.
- For the pelvis or pregnancy, drink 32 oz of water one hour prior to the test. Do not void/urinate.

### If you are having a Mammogram

- Do not use deodorant. It is best to wash any deodorant off before leaving home. Bring prior studies with reports for comparison.

### If you are having an Xray

- Bring prior studies for comparison, if applicable.

### If you are having a DEXA (bone density)

- No preparation is needed.

## Directions to our Facility:



**The  
Imaging Center  
of Oradell**  
*A Rio Vista Company*

680 Kinderkamack Road • Suite 101 • Oradell, NJ 07649  
Phone: (201) 741-8000 • Fax: (201) 225-9534  
E-mail: [info@njhcc.com](mailto:info@njhcc.com) • [www.njhcc.com](http://www.njhcc.com)

### From Garden State Parkway

Take exit 165 toward ORADELL Merge onto Oradell Ave. Turn left at Kinderkamack Rd. Our building, The New Jersey Health Care Center, will be on the right.

### From Route 4 West

Slight left at Johnson St (signs for LOCAL STREETS). Turn right at Main St. Slight left at Kinderkamack Rd. Our building, The New Jersey Health Care Center, will be on the right.

### From Route 4 East

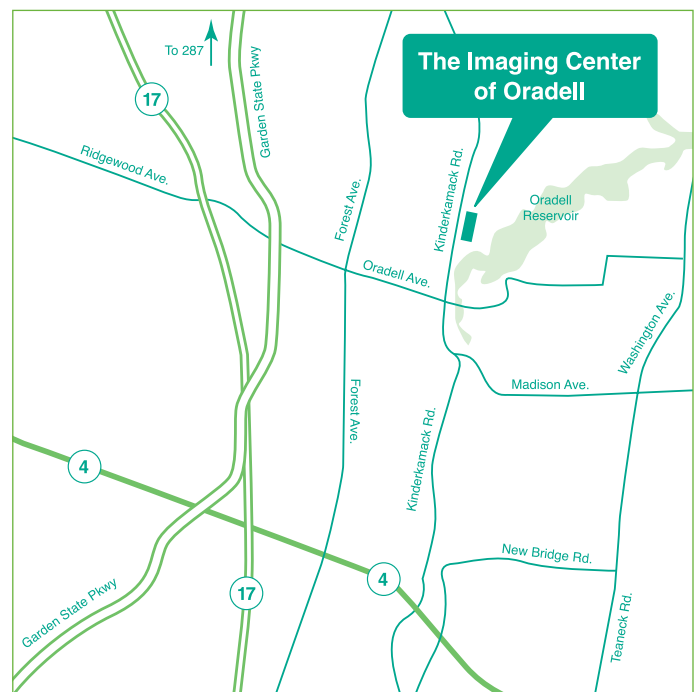
Slight right at Johnson Ave (signs for Hackensack/Johnson Ave) Turn left at Jefferson St. Turn left at Kinderkamack Rd. Our building, The New Jersey Health Care Center, will be on the right.

### From Route 17 South

Take the exit toward W Ridgewood Ave. Turn right at W Ridgewood Ave. Continue on Oradell Ave (signs for Pkwy/GARDEN STATE Pkwy). Turn left at Kinderkamack Rd. Our building, The New Jersey Health Care Center, will be on the right.

### From Route 17 North

Take the ramp onto Garden State Pkwy N. Take exit 165 toward ORADELL Merge onto Oradell Ave. Turn left at Kinderkamack Rd. Our building, The New Jersey Health Care Center, will be on the right.





# The Imaging Center of Oradell

*A Rio Vista Company*

**To order more referral forms,  
please call:  
(201) 741-8000**