

High Field Wide-Bore MRI Centers
 Fairfield

 1055 Post Rd.
Fairfield, CT 06824

 Orange

 297 Boston Post Rd.
Orange, CT 06477

 Trumbull

 15 Corporate Dr.
Trumbull, CT 06611

 Stamford

 1259 East Main St.
Stamford, CT 06902

 Wilton

 30 Danbury Rd.
Wilton, CT 06897

 Shelton

 4 Corporate Dr.
Suite 182
Shelton, CT 06484

 Stratford

 2876 Main St.
Stratford, CT 06614

High Field MRI Centers
Patient Name _____

DOB _____ Preferred Phone # _____

Appt. Date/Time _____

Insurance _____

ID# _____

 Prev. Films No Yes Where? _____

 Prior Auth Req.? No Yes Auth.# _____

AFTER HRS/STAT CALL BACK # _____

Referring Practitioner (please print)

Name _____

Phone # _____

Referring Signature _____

Date _____ CC: _____

 Without Contrast
 With AND Without Contrast

Lab Values for Contrast Exams:

 eGFR _____

 Lab: _____

Date _____

 Height _____ Weight _____ Sex: M F **Claustrophobic**

Implanted Medical Devices (please specify) _____

Manufacturer and Model No. _____

Pertinent History / Special Instructions _____

Signs and Symptoms _____

ICD-10 Codes _____

Of clinical importance:

Rule out / History of / Question of _____

Brain

-
- Brain
-
-
- Spectroscopy

NeuroQuant:

-
- Brain w/ and w/o
-
-
- Brain w/o

DTI

-
- Brain w/ and w/o
-
-
- Brain w/o

Head and Neck

-
- Orbits
-
-
- Soft Tissue Neck/Parotid
-
-
- Brachial Plexus:
-
- Right
-
- Left
-
-
- Other: (Please specify) _____

Spine

-
- Cervical Spine
-
-
- Thoracic Spine
-
-
- Lumbar Spine
-
-
- Total Spine Series
-
-
- Lumbosacral Plexus

Body

-
- Abdomen: (specify) _____
-
-
- Chest: (specify) _____
-
-
- Pelvis: (specify) _____
-
-
- MRCP
-
-
- Prostate (3T Preferred)
-
-
- Enterography: w/ and w/o contrast

Breast MRI

-
- Bilateral

MRA Studies

-
- Head: Circle of Willis
-
- (High Field Preferred)
-
-
- MRV Head
-
-
- Neck: Carotid
-
- (w/ and w/o Preferred)
-
-
- Chest
-
-
- Renal
-
-
- Run-Off
-
-
- Other: (Please specify) _____

Musculoskeletal System
 ARTHROGRAM REQUESTED

-
- Shoulder:
-
- Right
-
- Left
-
-
- Elbow:
-
- Right
-
- Left
-
-
- Wrist:
-
- Right
-
- Left
-
-
- Hand:
-
- Right
-
- Left
-
-
- Fingers:
-
- Right
-
- Left
-
-
- Hip:
-
- Right
-
- Left
-
-
- Knee:
-
- Right
-
- Left
-
-
- Ankle:
-
- Right
-
- Left
-
-
- Forefoot:
-
- Right
-
- Left
-
-
- Midfoot:
-
- Right
-
- Left
-
-
- Hindfoot:
-
- Right
-
- Left
-
-
- Upper Extremity Other Than Joint:
-
-
- Right
-
- Left

 (Please specify body part)

-
- Lower Extremity Other Than Joint:
-
-
- Right
-
- Left

 (Please specify body part)

-
- Other: (Please specify) _____

Please Check If Applicable:

-
- Acute Stroke
-
-
- Cranial Nerve
-
-
- Seizure
-
-
- Pituitary
-
-
- IAC / Post Fossa
-
-
- NPH / Dementia
-
-
- MS
-
-
- Myelopathy
-
-
- Acute Trauma
-
-
- Metastasis
-
-
- Compression Fracture

<input type="checkbox"/> Fairfield 1055 Post Road Fairfield, CT 06824	<input type="checkbox"/> Orange 297 Boston Post Road Orange, CT 06477 (X-Ray, U/S, Arthro ONLY)	<input type="checkbox"/> Shelton 4 Corporate Dr. Suite 182 Shelton, CT 06484	<input type="checkbox"/> Stamford 1259 East Main Street Stamford, CT 06902	<input type="checkbox"/> Stratford 2876 Main St. Stratford, CT 06614	<input type="checkbox"/> Trumbull 15 Corporate Dr. Trumbull, CT 06611	<input type="checkbox"/> Wilton 30 Danbury Road Wilton, CT 06897
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Patient Name _____

DOB _____ Preferred Phone # _____

Appt. Date/Time _____

Insurance _____

ID# _____

Prev. Films No Yes Where? _____

Prior Auth Req.? No Yes Auth.# _____

AFTER HRS/STAT CALL BACK # _____

Referring Practitioner (please print)

Name _____

Phone # _____

Referring Signature _____

Date _____ CC: _____

EPIC# _____ MRN# _____ APPT# _____

Without Contrast
 With **AND** Without Contrast

Signs and Symptoms _____

ICD-10 Codes _____

Of clinical importance:
Rule out / History of / Question of _____

Mammogram

- Diagnostic: Trumbull, Stamford, Wilton ONLY
 - Right Left Bilateral
- 3D Screening: Excluding Orange
 - Right Left Bilateral
- Addtl: U/S if necessary
- DEXA:** Trumbull, Stratford, Wilton ONLY

Breast Ultrasound

- Diagnostic: Trumbull or Stamford ONLY
 - Right Left Bilateral
- Screening: Excluding Orange
 - Right Left Bilateral
- Cyst Aspiration
- Needle Core Biopsy

Diagnostic X-Ray

- Skull
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Scoliosis Series: EXCL. Shelton, Orange
- Sinuses
- Chest
- Ribs
- IVP: Fairfield ONLY
- Abdomen
- Pelvis
- Extremity: Right Left

 (Please specify body part)

- Metastatic Series
- Other: (Please specify)

Fluoroscopy Trumbull ONLY

- Upper GI Series
- Small Bowel Series
- Esophagram
- Other: (Please specify)

Ultrasound

- Abdomen
(liver, gallbladder, pancreas)
- Aorta
- Appendix
- Kidneys (Renal)
- Elastography (Liver)
- Extremity (Non-vascular)
 - Right Left Bilateral
- Scrotum
- Thyroid
- Thyroid Biopsy
- Thyroid FNA
- Pelvic:**
 - Transabdominal
 - Transvaginal
 - Other: (Please specify)

Doppler:

- Carotid
- Venous Extremity - DVT**
 - Right Left Bilateral
 - Arm Leg
- Arterial Extremity**
 - Right Left Bilateral
 - Arm Leg
- Abdominal
- Mesenteric Ischemia
- Renal Artery

Pediatric:

- Spine
- Hips
- Brain
- Pylorus
- Appendix

CT Scan Excluding Wilton and Orange

Neuro:

- Brain
- Neck
- Orbits
- Temporal Bones

Sinuses:

- Full (Coronal and Axial)
- Limited

Spine: 3D

- Cervical
- Thoracic
- Lumbar

Chest:

- Chest
- CTPA Pulmonary Embolism Protocol
- High Res (Interstitial Lung Disease)
- Lung Screen
- Calcium Score: Stamford, Shelton, Stratford, Trumbull ONLY
- Coronary CTA: Shelton ONLY

Abdomen / Pelvis:

- Abdomen and Pelvis
- Volumen (CT Enterography)
- Hematuria Protocol 3D
- Liver Mass Protocol
- Abdomen Only
- Pelvis Only
- Urinary Stone Localization
- Extremities
 - Right Left 3D
- AAA Protocol
- CTA _____
- Runoff
- Other: (Please specify)

Nuclear Medicine

Trumbull ONLY

- Gallium
- Infection Imaging / WBC Scan
- Prostatecint
- WBC and Marrow Scan
- Lung Scan (V/Q)
- Gastric Emptying Study
- MUGA Scan
- Parathyroid Scan
- Other: (Please specify)

Renal Scan:

- Split Function
- w / Lasix
- Hypertension
- DMSA

Thyroid Imaging:

- Technetium
- I - 123 (with uptake)
- I - 131 Whole Body Scan

Therapy:

- I - 131
- Other: (Please specify)

Liver Imaging:

- Hepatobiliary (HIDA) Scan
- Ejection Fraction
- Hemangioma Scan
- Liver / Spleen Scan

Bone Scan:

- Three-Phase Bone Scan
- Whole Body



Central Scheduling: 203.337.XRAY (9729)
 Fax: 203.459.0116 Online: Orders.AdRad.com
 Tax ID #06-1614148

**PLEASE NOTE: All PET/CT studies are performed at 15 Corporate Drive, Trumbull, CT 06611.
 Our PET/CT scanner uses non-diagnostic, low-dose CT for attenuation correction and anatomic localization.**

All orders must be signed by the ordering practitioner. Copies of both sides of the patient's insurance cards must be faxed with this order before an appointment can be scheduled. Advanced Radiology will contact the patient and physician after insurance confirmation to schedule the appointment and provide additional instructions.

Patient Name _____

Male Female DOB _____

Preferred Phone # _____

Appt. Date/Time _____

AFTER HOURS/STAT CALL BACK # _____

Referring Practitioner (please print)

Name _____

Phone # _____

Referring Signature _____

Date _____ CC: _____

Primary Insurance/ID# _____

Pre-Cert. Req.? No Yes Pre-Cert.# _____

Secondary Insurance/ID# _____

Pre-Cert. Req.? No Yes Pre-Cert.# _____

Patients's Clinical History:

Patient's Signs and Symptoms:

Where? Side of interest?

Right Left Bilateral RUQ LUQ RLQ LLQ N/A

Of clinical importance: Rule out / History of / Question of:

ICD-10 Codes:

PET/CT Reason:

Cancer Type: _____

Initial:
 PET/Non-diagnostic Computed Tomography (CT) to inform the initial treatment strategy of tumors that are biopsy-proven or strongly suspected of being cancerous based on other diagnostic testing.

Subsequent:
 PET/Non-diagnostic Computed Tomography (CT) to inform the subsequent treatment strategy of cancerous tumors when the beneficiary's treating physician determines that the PET study is needed to inform subsequent anti-tumor strategy.

- 78608 - Brain, Dementia (FDG / AMYVid)
- 78608 - Brain, Seizure
- 78815 - Skull to Mid-Thigh
- 78459 - Myocardial Viability
- 78815 - Pulmonary Nodule Evaluation
- 78814 - Limited
- 78816 - Whole Body (Melanoma)
- 78811 - 78816 (Carrier dependent) G0235 (Medicare) Infection / Inflammation (Vasculitis)
- Other: (Please specify) _____

Is the patient diabetic?

Yes
 Type 1 Type 2 Unknown
 No

Is the patient on insulin?

Yes
 What Type? _____
 No

Is the patient on metformin?

Yes
 No

What is the patient's morning glucose level?

Medication History

- Recent Chemotherapy
Date _____
- Radiation
Date _____
- Prior Surgery
Date _____
Facility _____
- Prior Biopsy
Date _____
Facility _____
- Colony Stimulating Factor Therapy
Date _____
- Steroid Use
Date _____
- Newpogen
Date _____
- Neulasta
Date _____



Call to Schedule an Appointment: 203.386.3164
Fax: 203.380.3252 Online: Orders.AdRad.com
Tax ID #06-1614148

PLEASE NOTE: All Interventional Radiology procedures are performed at 2876 Main Street, Stratford, CT, 06614.

All orders must be signed by the ordering practitioner. Copies of both sides of the patient's insurance cards must be faxed with this order before an appointment can be scheduled. Advanced Radiology will contact the patient and physician after insurance confirmation to schedule the appointment and provide additional instructions.

Patient Name _____

Male Female DOB _____

Preferred Phone # _____

Appt. Date/Time _____

AFTER HOURS/STAT CALL BACK # _____

Referring Practitioner (please print)

Name _____

Phone # _____

Referring Signature _____

Date _____ CC: _____

Primary Insurance/ID# _____

Pre-Cert. Req.? No Yes Pre-Cert.# _____

Secondary Insurance/ID# _____

Pre-Cert. Req.? No Yes Pre-Cert.# _____

Patients' Clinical History:

Blank lines for clinical history

Exams / Special Instructions:

Blank lines for exams and special instructions

Patient's Signs and Symptoms:

Blank lines for signs and symptoms

- Checkboxes for various procedures: Ambulatory Phlebectomy, Biliary Tube Change, Cyst Aspiration, Epidural, Endovenous Radiofrequency Ablation, Interventional Oncology Consultation, EVLT, Liver Biopsy, Lumbar Puncture, Lymph Node Needle Biopsy, Myelogram Lumbar, Nephrosomy Tube Change, PICC Placement, PICC Removal, Paracentesis, Diagnostic, Therapeutic, Porta Cath Insertion, Sclerotherapy: Spider Veins, Steroid Injection: Specify Body Part, Thoracentesis, Diagnostic, Therapeutic, Thyroid Biopsy, Thyroid FNA, Tunneled CV Cath, VCUg: Pediatric ONLY (under 24 months)

Where? Side of interest? Right Left Bilateral RUQ LUQ RLQ LLQ N/A

Of clinical importance: Rule out / History of / Question of:

Blank lines for clinical importance

ICD-10 Codes:

Blank lines for ICD-10 codes

Procedural Details / Additional Comments:

Blank lines for procedural details and additional comments



Call to Schedule an Appointment: 203.337.XRAY (9729)
 Fax: 203.337.9730 Online: Orders.AdRad.com
 Tax ID #06-1614148

Low Dose CT Lung Screening

CT Lung Screens are performed at the following Advanced Radiology clinical locations:

<input type="checkbox"/> Fairfield 1055 Post Road Fairfield, CT 06824	<input type="checkbox"/> Shelton 4 Corporate Dr. Suite 182 Shelton, CT 06484	<input type="checkbox"/> Stamford 1259 East Main Street Stamford, CT 06902	<input type="checkbox"/> Stratford 2876 Main St. Stratford, CT 06614	<input type="checkbox"/> Trumbull 15 Corporate Dr. Trumbull, CT 06611
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Patient Name _____

Male Female DOB _____

Preferred Phone # _____

Appt. Date/Time _____

AFTER HOURS/STAT CALL BACK # _____

Referring Practitioner (please print)

Name _____

Phone # _____

NPI _____

Referring Signature

Date _____ CC: _____

Initial Lung Screening

Subsequent/Annual Lung Screening

Primary Insurance/ID# _____

Pre-Authorization # _____

The Centers for Medicare & Medicaid Services (CMS) has determined that the evidence is sufficient to add a lung cancer screening counseling and shared decision-making visit, and for appropriate beneficiaries, annual screening for lung cancer with low dose computed tomography (LDCT), as an additional preventive service benefit under the Medicare program **only if all of the following criteria are met:**

- Patient is between 55 and 77 years of age
- Patient is currently a smoker
- Patient has quit smoking for _____ years
- Patient has a minimum 30 pack/year smoking history:
Packs/Day (20 cigarettes/pack) _____ X Years _____ =
Pack Years _____
- The patient is asymptomatic (no signs or symptoms of lung cancer)
- For Initial Lung Screenings: Beneficiary must receive a written order for LDCT lung cancer screening during a lung cancer screening counseling and shared decision making visit, furnished by a physician or qualified non-physician practitioner (physician assistant, nurse practitioner, or clinical nurse specialist)
- For Subsequent/Annual Lung Screenings: Beneficiary must receive a written order for LDCT lung cancer screening, which may be furnished during any appropriate visit with a physician or qualified non-physician practitioner (physician assistant, nurse practitioner, or clinical nurse specialist)

A lung cancer screening counseling and shared decision-making visit must include the following, which must also be documented in the patient's medical history:

- Determination of beneficiary eligibility including age, absence of signs or symptoms of lung cancer, a specific calculation of cigarette smoking pack-years; and if a former smoker, the number of years since quitting
- Shared decision making, including the use of one or more decision aids, to include benefits and harms of screening, follow-up diagnostic testing, over-diagnosis, false positive rate, and total radiation exposure
- Counseling on the importance of adherence to annual lung cancer LDCT screening, impact of comorbidities, and ability or willingness to undergo diagnosis and treatment
- Counseling on the importance of maintaining cigarette smoking abstinence if former smoker; or the importance of smoking cessation if current smoker and, if appropriate, furnishing of information about tobacco cessation interventions
- If appropriate, the furnishing of a written order for lung cancer screening with LDCT; Written orders for both initial and subsequent LDCT lung cancer screenings must contain the following, which must also be documented in the patient's medical record:
 - Beneficiary's date of birth
 - Actual pack/year smoking history number
 - Current smoking status and/or number of years since quitting
 - Confirmation that patient is asymptomatic
 - NPI of the referring practitioner

PREPARING FOR YOUR VISIT

When you schedule your appointment, you will receive information about any preparation that is specific to your exam. Please bring this prescription and arrive 15 minutes before your scheduled appointment. Late arrival may mean cancellation of your appointment. If you must cancel, please do so a minimum of 24 hours prior to your appointment time.

Please be sure to bring the following:

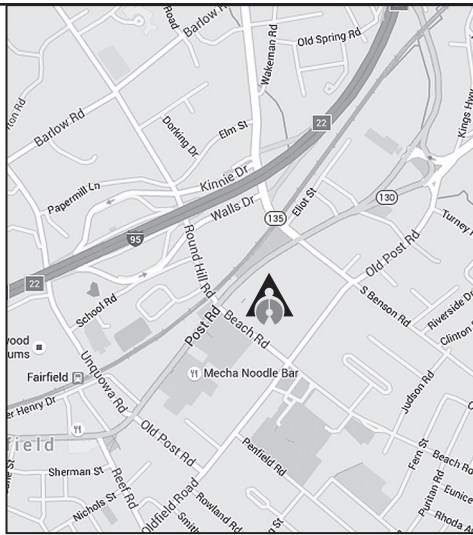
Photo ID

Insurance information: Please bring your insurance card or proof of insurance coverage. In order to bill your insurance carrier(s) for services rendered, we will need the name of the carrier (company), their complete mailing address, your policy's group number, and your personal identification number. If you are covered by Medicare or Medicaid, please bring the appropriate card.

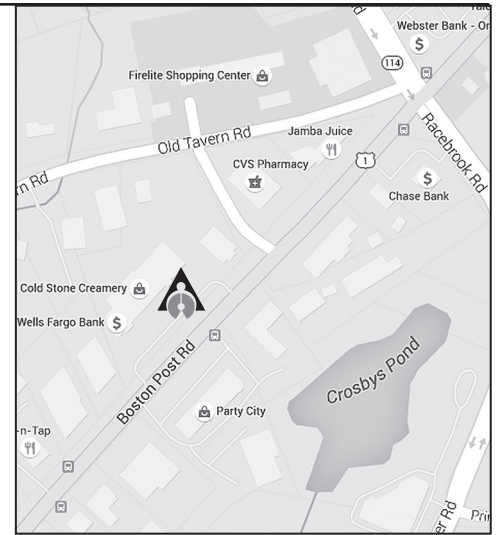
Medications: Please bring a list of all medications and dosages, including all over the counter medicines you currently use.

Prior Imaging: If you have had any relevant prior imaging performed anywhere other than Advanced Radiology, please bring the images to your appointment. This includes mammograms.

Payment: You will be responsible for services not covered by insurance, including co-pays. Advanced Radiology accepts cash, check, or major credit card (MasterCard, Visa, or American Express).



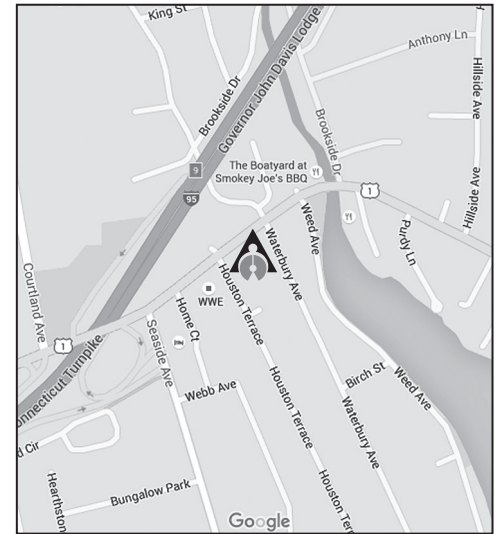
Fairfield
1055 Post Road



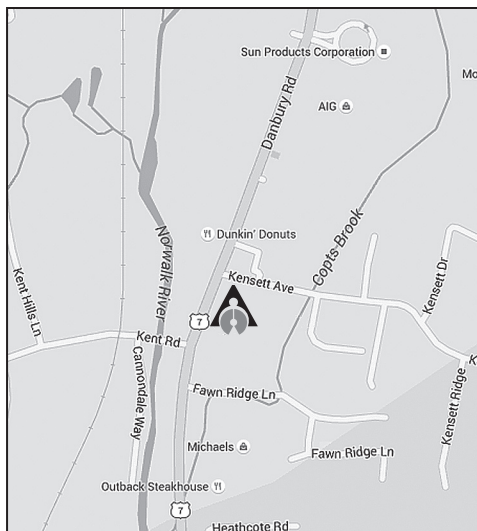
Orange
297 Boston Post Road



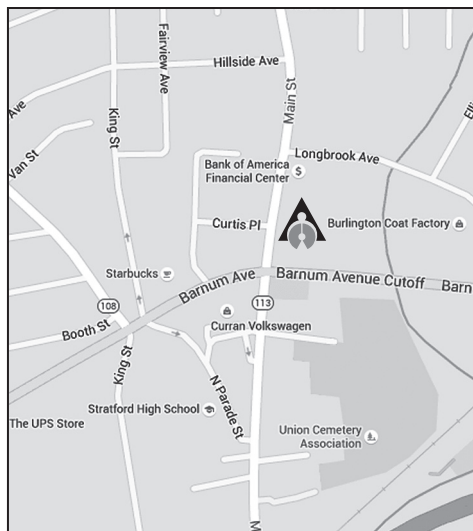
Shelton
4 Corporate Drive



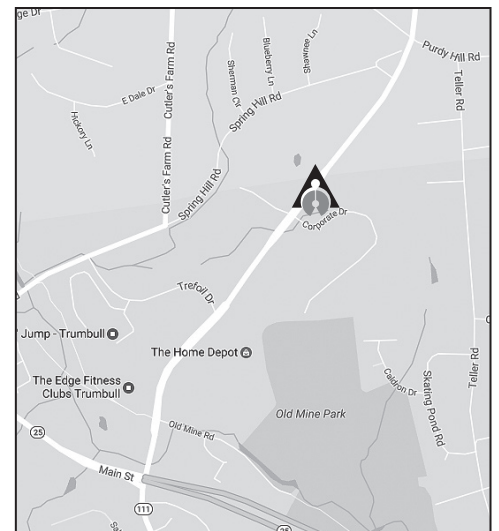
Stamford
1259 East Main Street



Wilton
30 Danbury Road



Stratford
2876 Main Street



Trumbull
15 Corporate Drive