



**MAMMO
U/S, CT**

Central Scheduling: 203.337.XRAY (9729)

Fax: 203.337.9730

AdRad.com

Tax ID #06-1614148

Fairfield	Orange	Shelton	Stamford	Stratford	Trumbull	Wilton
1055 Post Road Fairfield, CT 06824	297 Boston Post Road Orange, CT 06477	4 Corporate Dr. Suite 182 Shelton, CT 06484	1259 East Main Street Stamford, CT 06902	2876 Main St. Stratford, CT 06614	15 Corporate Dr. Trumbull, CT 06611	60 Danbury Road Suite 102 Wilton, CT 06897

Patient First, Middle, Last Name _____

DOB _____ Sex M F

Phone #'s _____

Patient Address _____

Insurance _____ Policy ID _____

Prior Auth.# _____

Reason for Exam/History of _____

Referring Physician (please print)

Name _____

Phone # _____

Signature _____

Date _____ CC: _____

After Hours / STAT Phone _____

Primary Care Physician _____

CDS Code _____ G Code _____

HCPCS Mod. _____ ICD-10 Code _____

☐ With Contrast ☐ Without Contrast ☐ With *AND* Without Contrast

Mammography

☐ Bilateral ☐ Left ☐ Right

☐ Screening 3D Mammo: Excl. Shelton & Orange

☐ Diagnostic 3D Mammogram
Trumbull, Stamford, Wilton ONLY

☐ Stereotactic Breast Biopsy: Trumbull ONLY

☐ Bilateral ☐ Left ☐ Right

☐ Approval of add'l diagnostic mammogram,
ultrasound, image-guided biopsy or cyst
aspiration, as indicated by the Radiologist,
for the left, right or bilateral breasts.

Breast Ultrasound

☐ Bilateral ☐ Left ☐ Right

☐ Screening: Trumbull, Stamford, Wilton ONLY

☐ Diagnostic: Trumbull, Stamford, Wilton ONLY

☐ US-Guided Cyst Aspiration:
Stamford, Trumbull, Wilton ONLY

☐ US-Guided Breast Biopsy
Stamford, Trumbull, Wilton ONLY

Breast MRI

Fairfield, Stamford, Trumbull, Wilton ONLY

☐ Bilateral ☐ Left ☐ Right

☐ MRI-Guided Breast Biopsy

Bone Densitometry

☐ DEXA: Trumbull, Stamford, Stratford, Wilton ONLY

Diagnostic X-Ray

- ☐ Skull
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Scoliosis Series: EXCL. Shelton, Orange
☐ Sinuses
☐ Chest
☐ Ribs
☐ Abdomen
☐ Pelvis
☐ Extremity: ☐ Left ☐ Right (Please specify)

- ☐ Metastatic Series
☐ Other: (Please specify)

Ultrasound

- ☐ Abdomen
☐ Abdomen w/Elastography
☐ Aorta
☐ Appendix
☐ Inguinal Hernia
☐ Umbilical Hernia
☐ Retroperitoneal (Kidneys)
☐ Extremity (Non-vascular)
☐ Bilateral ☐ Left ☐ Right

- ☐ Scrotum
☐ Thyroid
☐ Soft Tissue Neck
☐ Thyroid FNA

Pelvic:

- ☐ Transabdominal
☐ Transvaginal

Doppler:

- ☐ Carotid
☐ Venous Extremity - DVT
☐ Bilateral ☐ Left ☐ Right
☐ Arm ☐ Leg
☐ Arterial Extremity
☐ Bilateral ☐ Left ☐ Right
☐ Arm ☐ Leg

- ☐ Abdominal
☐ Mesenteric Ischemia
☐ Renal Artery Stenosis

Pediatric:

- ☐ Spine
☐ Hips
☐ Brain
☐ Pylorus
☐ Appendix

Fluoroscopy Trumbull ONLY

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

CT Scan Excluding Orange

Neuro:

- ☐ Brain
☐ Neck
☐ Orbits
☐ Temporal Bones

Sinuses:

- ☐ Full (Coronal and Axial)
☐ Limited

Spine: ☐ 3D

- ☐ Cervical
☐ Thoracic
☐ Lumbar

Chest:

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

Abdomen / Pelvis:

- ☐ Abdomen and Pelvis
☐ Volumen (CT Enterography)
☐ Hematura Protocol ☐ 3D
☐ Liver Mass Protocol
☐ Abdomen Only
☐ Pelvis Only
☐ Urinary Stone Localization
☐ Extremities
☐ Left ☐ Right ☐ 3D

- ☐ AAA Protocol

- ☐ CTA _____

- ☐ Runoff

- ☐ Other: (Please specify)

Nuclear Medicine

Trumbull ONLY

- ☐ Bone Scan - Whole Body
☐ Bone Scan - Three Phase
☐ Gastric Emptying
☐ HIDA Scan
☐ HIDA Scan with CCK
☐ Liver/Spleen Scan
☐ Hemangioma Scan
☐ Lung Scan V/Q
☐ Parathyroid Scan
☐ I-123 w/Uptake Thyroid Scan
☐ Technetium Thyroid Scan
☐ I-123 Whole Body Scan
☐ I-131 Whole Body Scan
☐ I-131 Thyroid Treatment
☐ Renal Scan - Split Function
☐ Renal Scan with Lasix
☐ Renal Scan with Vasotec (hypertension)
☐ Renal DMSA Scan
☐ MUGA Scan
☐ Gallium Scan
☐ Infection Imaging - WBC Scan
☐ Infection Imaging - WBC/Marrow Scan
☐ Inium III - WBC Scan
☐ Octreotide Scan
☐ MIBG Scan
☐ Single Bone/Joint (Specify body part)

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.

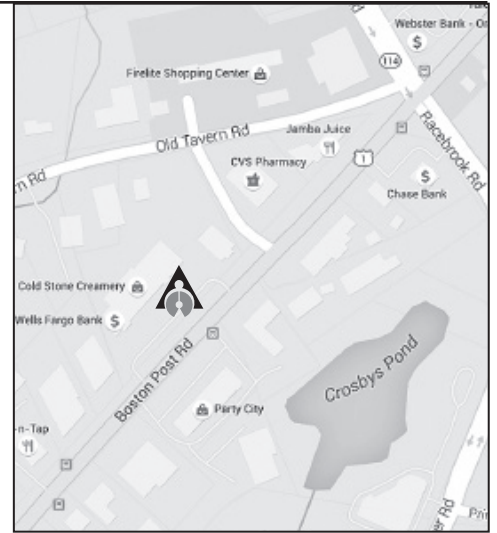
□ Prior Imaging: If you have had any relevant prior imaging performed anywhere other than Advanced Radiology, please bring the images to your appointment. This includes mammograms.

□ 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).

Advanced Radiology complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.



Fairfield
1055 Post Road



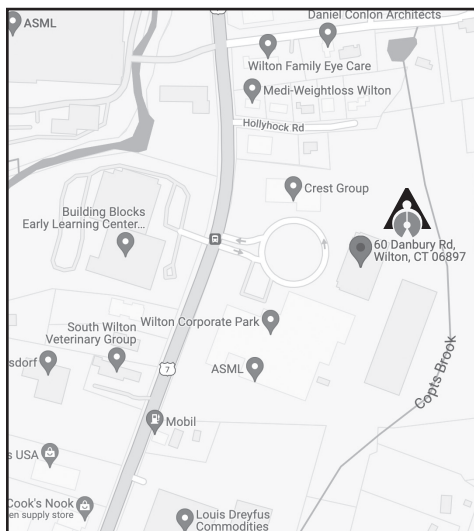
Orange
297 Boston Post Road



Shelton
4 Corporate Drive



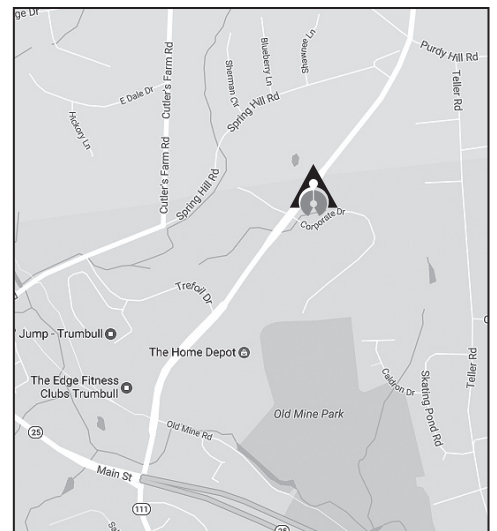
Stamford
1259 East Main Street



Wilton
60 Danbury Road



Stratford
2876 Main Street



Trumbull
15 Corporate Drive