



Central Scheduling: 203.337.XRAY (9729)

Fax: 203.337.9730

AdRad.com

Tax ID #06-1216029

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

60 Danbury Rd.
Suite 102
Wilton, CT 06897

High Field MRI Centers

Shelton

4 Corporate Dr.
Suite 182
Shelton, CT 06484

Stratford

2876 Main St.
Stratford, CT 06614

Patient First, Middle, Last Name _____

DOB _____ Sex M F

Phone #'s _____

Patient Address _____

Insurance _____ Policy ID _____

Prior Auth.# _____

Referring Physician (please print)

Name _____

Phone # _____

Signature _____

Date _____ CC: _____

After Hours / STAT Phone _____

Primary Care Physician _____

CDS Code _____ G Code _____

HCPCS Mod. _____

☐ Without Contrast

☐ With **AND** Without Contrast

Lab Values for Contrast Exams:

☐ eGFR _____

☐ Lab: _____

Date _____

Height _____ Weight _____ ☐ Claustrophobic

Implanted Medical Devices (please specify) _____

Manufacturer and Model No. _____

Pertinent History / Special Instructions _____

Signs and Symptoms _____

ICD-10 Codes _____

Reason for Exam/History of _____

Brain

- ☐ Brain
☐ Spectroscopy

NeuroQuant:

- ☐ 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) _____
☐ Abdomen w/MRCP
☐ 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: (to include hind/mid foot)
☐ Right ☐ Left
☐ Ankle: (to include Achilles)
☐ Right ☐ Left
☐ Foot: (to include metatarsals/toes)
☐ 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

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.

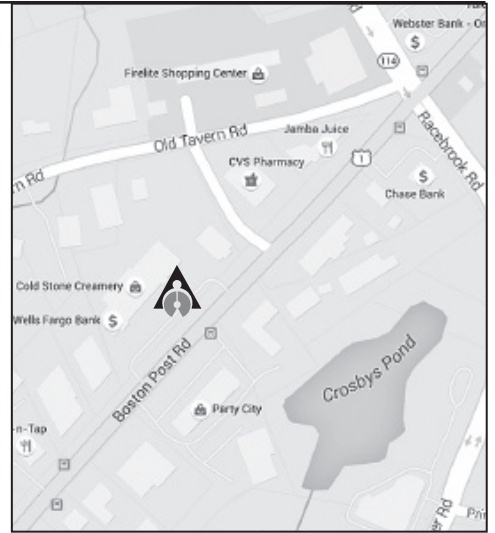
□ Prior Imaging: If you have had any relevant prior imaging performed anywhere other than Advanced Radiology, please bring the images to your appointment. This includes mammograms.

□ 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



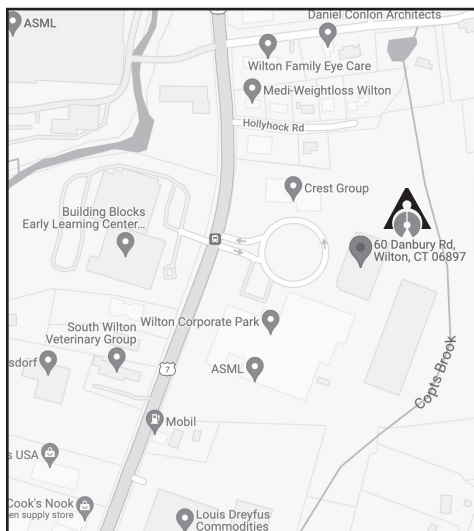
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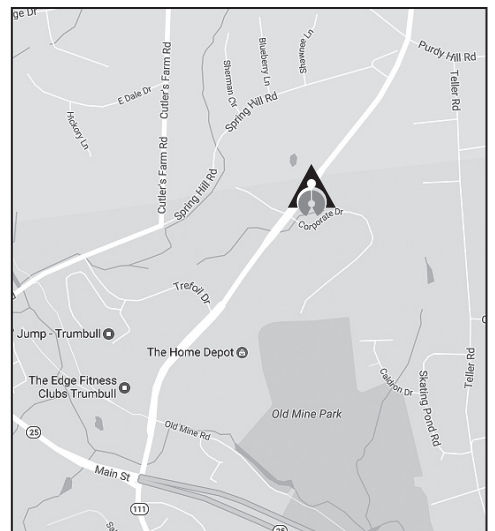
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