



Drs. Maklansky, Kurzban, Cohen, Zimmer, Hyman, Berson, Maklansky

NEW YORK MEDICAL IMAGING Associates

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PATIENT NAME FIRST:

LAST:

PATIENT PHONE #:

DATE:

CLINICAL INFORMATION:

PHYSICIAN NAME:

PHYSICIAN PHONE #:

NOTES:

| CT 64 MULTIDETECTOR | | PET/CT | | FILM PREFERENCE | | | |
|---|--|--|--|-------------------------------------|--|--|--|
| WE USE NON-IONIC CONTRAST MEDIA EXCLUSIVELY | | WHOLE BODY PET/CT | | NO FILM | | | |
| WITH CONTRAST YES NO | | BRAIN PET/CT DIAGNOSTIC CT..... | | CD | | | |
| CHEST | | ULTRASOUND | | FILM | | | |
| ABDOMEN | | ABDOMEN | | PAPER KEY IMAGES | | | |
| PELVIS | | PELVIS (TRANSABDOMINAL) | | MRI 1.5T | | | |
| CT STONE STUDY | | TRANSVAGINAL | | WITH CONTRAST YES NO | | | |
| HEAD BRAINLAB | | TRANSVAGINAL (before 12 weeks gestation) | | BRAIN | | | |
| ORBITS | | OBSTETRIC (LEVEL II) ANATOMY | | ORBITS | | | |
| IACS | | OBSTETRIC BIOPHYSICAL PROFILE | | IAC | | | |
| TEMPORAL BONES | | BREAST | | FACIAL | | | |
| PITUITARY | | SONOHYSTEROGRAM | | NECK | | | |
| SINUSES | | THYROID | | TMJ | | | |
| LOW DOSE SINUS SURVEY | | RENAL | | PITUITARY | | | |
| MAXILLOFACIAL | | SCROTUM | | CERVICAL SPINE | | | |
| SOFT TISSUE NECK | | BLADDER | | THORACIC SPINE | | | |
| MANDIBLE (NON DENTAL) | | AORTA SCREENING | | LUMBAR SPINE | | | |
| ENTEROGRAPHY | | EXTREMITY NON-VASCULAR | | SPINE SURVEY | | | |
| CT POUCHAGRAM | | DUPLX CAROTID | | CHEST CARDIAC ANATOMY FUNCTION | | | |
| CT PREPPED COLON | | VENOUS EXTREMITY (UPPER) R L | | ABDOMEN | | | |
| CERVICAL SPINE | | VENOUS EXTREMITY (LOWER) R L | | MRCP (BILIARY) | | | |
| THORACIC SPINE | | HEPATIC VESSELS | | PELVIS | | | |
| LUMBAR SPINE | | OTHER..... | | MRI BREAST R L B | | | |
| ARTHROGRAM SCANOGRAM | | X-RAY | | SHOULDER R L B | | | |
| LEG_FEMUR_TIBFIB | | CHEST AP PA/LAT | | SHOULDER ARTHROGRAM | | | |
| FOOT R L | | HEAD SKULL SINUS ORBITS | | HIP ARTHROGRAM | | | |
| SHOULDER R L | | FACIAL BONES NASAL BONES MANDIBLE | | ARM HUMERUS | | | |
| HUMERUS R L | | RIBS | | RADIUS/ULNA | | | |
| ELBOW R L | | ABD FLAT ERECT OBS MARKER STUDY | | ELBOW R L B | | | |
| RADIUS/ULNA R L | | THORACIC STANDING | | WRIST R L B | | | |
| CT ANGIOGRAPHY | | ERVICAL SP 2 VIEWS 4 VIEWS STANDING F/E | | HAND R L B | | | |
| WE USE NON-IONIC CONTRAST MEDIA EXCLUSIVELY | | LUMBAR SP 2 VIEWS 4 VIEWS STANDING F/E | | HIP R L B | | | |
| CT CORONARY ANGIOGRAM (CCTA) | | CLAVICULE | | LEG_FEMUR_TIBFIB | | | |
| AORTA_CHEST_ABD/PEL ANGIO | | SCAPULA | | KNEE R L B | | | |
| PULMONARY ANGIO | | SHOULDER | | ANKLE R L B | | | |
| BRAIN ANGIO | | HUMERUS | | FOOT R L B | | | |
| NECK/CAROTID ANGIO | | ELBOW | | MRI PROSTATE | | | |
| MESENTERIC ANGIO | | WRIST | | MR ARTHROGRAM..... | | | |
| RENAL ARTERY ANGIO | | HAND | | TOTAL BODY (STIR) | | | |
| EXTREMITY..... | | HIP | | OTHER..... | | | |
| RUNOFF STUDY | | FEMUR | | MR ANGIOGRAPHY | | | |
| CT SCREENING STUDIES | | KNEE | | HEAD/BRAIN ANGIO | | | |
| WE USE NON-IONIC CONTRAST MEDIA EXCLUSIVELY | | LEG: TIBFIB | | NECK ANGIO | | | |
| HEART & LUNG SCREENING | | ANKLE | | CHEST ANGIO | | | |
| CORONARY CALCIUM (HEART) SCREENING | | FOOT | | CAROTID & VERTEBRAL ANGIO | | | |
| PULMONARY NODULE (LUNG) SCREENING | | SCOLIOSIS SERIES | | PELVIS ANGIO | | | |
| VIRTUAL COLONOSCOPY | | OTHER..... | | ABDOMEN ANGIO | | | |
| DENTASCAN IMPLANT GUIDANCE | | FLUOROSCOPY | | LOWER EXTREMITY ANGIO | | | |
| SCINTIGRAPHY | | CINE ESOPHAGRAM | | MAMMO/BREAST IMAGING | | | |
| WHOLE BODY BONE SCAN | | ESOPHAGRAM | | BRING PRIOR FILMS IF AVAILABLE | | | |
| LIMITED AREA BONE SCAN | | UPPER GI SERIES | | SCREENING | | | |
| 3-PHASE BONE SCAN | | GI SERIES SMALL BOWEL | | DIAGNOSTIC | | | |
| MUGA | | GI SERIES ESOPHGRAM | | BI-LATERAL UNILATERAL | | | |
| RENAL | | SMALL BOWEL SERIES | | BREAST SONO | | | |
| THYROID I 123 | | IVP | | BREAST BIOPSY | | | |
| GALLIUM | | BARIUM ENEMA | | FNA CORE MR | | | |
| LIVER | | DOUBLE CONTRAST BE | | MRI BREASTS (6 TH Floor) | | | |
| OCTREOTIDE | | HYSTEROSALPINGOGRAM | | with CONTRAST without CONTRAST | | | |
| GASTRIC EMPTYING STUDY | | FISTULOGRAM | | DENSITOMETRY | | | |
| PARATHYROID | | POUCHAGRAM | | DEXA | | | |
| HIDA | | CATHER PATENCY STUDY | | DEXA w. INSTANT VERTEBRAL ANALYSIS | | | |
| PYE HELICOBACTER BREATH TEST | | OTHER..... | | | | | |

***IF PATIENT HAS AN ALLERGIC OR ASTHMATIC HISTORY OR IS DISABLED, PLEASE CALL (212) 535-9770 FOR INFORMATION.**

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CT64 * MRI * CT AND MR ANGIOGRAPHY * PET/CT * CT CORONARY * CT LUNG SCREENING * ULTRASOUND/VASCULAR DOPPLER * DEXA * DIGITAL MAMMOGRAPHY * BREAST IMAGING * FLUOROSCOPY * SCINTIGRAPHY * X-RAY