



- | | | | | | |
|--|--|---|---|--|--|
| Fairfield
<input type="checkbox"/> 1055 Post Road
Fairfield, CT 06824 | Orange
<input type="checkbox"/> 297 Boston Post Road
Orange, CT 06477
X-ray, US & Arthro Only | Shelton
<input type="checkbox"/> 4 Corporate Drive,
Suite 182
Shelton, CT 06484 | Stamford
<input type="checkbox"/> 1315 Washington Blvd.
Stamford, CT 06902
203-356-9729 | Stratford
<input type="checkbox"/> 2876 Main Street
Stratford, CT 06614 | Trumbull
<input type="checkbox"/> 15 Corporate Drive
Trumbull, CT 06611 |
|--|--|---|---|--|--|

Central scheduling: 203-337-XRAY (9729) • Fax 203-337-9730 • www.adrad.com

Patient's Name _____ DOB: _____ Preferred Phone: _____

Previous Films Yes No Where? _____ Appt. Date & Time _____

Prior authorization required? Yes No Authorization # _____

Insurance _____ ID# _____

STAT CALL BACK # _____

Referring Practitioner Printed Name and Phone Number _____

**** Referring Practitioner Signature (Required)** _____ **Date** _____ **CC:** _____

EPIC # _____ MRN # _____ APPT # _____

Signs & Symptoms _____

ICD-10 Code(s): _____

Not sufficient for insurance, but of clinical importance = "Rule Out /History of / Question of" _____

With & W/O Contrast **No Contrast** **3D RECONSTRUCTION**

NUCLEAR MEDICINE

- Trumbull Only**
- Gallium
 - Infection Imaging/WBC Scan
 - Prostatecint
 - WBC & Marrow Scan
 - Lung Scan (V/Q)
 - Gastric Emptying Study
 - MUGA Scan
 - Parathyroid Scan
 - Other _____

Renal Scan

- Split Function
- w/Lasix
- Hypertension
- DMSA

Thyroid Imaging

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

Therapy

- I-131
- _____

Liver Imaging

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

Bone Scan

- 3 Phase Bone Scan
- Whole Body

DIAGNOSTIC X-RAY

- Including Orange**
- Skull
 - Cervical Spine
 - Thoracic Spine
 - Lumbar Spine
 - Scoliosis Series - **Excluding Shelton & Orange**
 - Sinuses
 - Chest
 - Ribs
 - IVP - **Fairfield Only**
 - Abdomen
 - Pelvis
 - Extremity Rt Lt
- (please specify body part)
- Metastatic Series
 - Other _____

AWIC MAMMOGRAPHY

- Diagnostic - **AWIC/Stamford Only**
- Screening - **Excluding Orange/ Shelton**
- Addl. US Imaging if necessary
- Dexa **Stratford, Trumbull**

Breast US

- Rt Lt
- Cyst Aspiration
- Needle Core Biopsy

FLUOROSCOPY

- Trumbull Only**
- Upper G.I. Series
 - Barium Enema Single Contrast
 - Small Bowel Series
 - Esophagram
 - Other _____

ULTRASOUND

- Abdomen (liver/gallbladder/pancreas)
- Aorta
- Thyroid
- Appendix
- Kidneys (Renal)
- EXTREMITY (Nonvascular)
 - Rt Lt _____
- Scrotum
- Thyroid Biopsy
- Thyroid FNA

Pelvic

- Transabdominal
- Transvaginal
- Other _____

Doppler

- Carotid
- Venous Extremity**
 - Rt Lt Both
 - Arm Leg
- Arterial Extremity**
 - Rt Lt Both
 - Arm Leg
- Abdominal
- Mesenteric Ischemia
- Renal Artery

Pediatric

- Spine
- Hips
- Brain
- Pylorus
- Appendix

CT SCANNING

- Neuro**
- Brain
 - Neck
 - Orbits
 - Temporal bones

- Sinuses**
- Full (coronal & axial)
 - Limited

- Spine 3D**
- Cervical Thoracic Lumbar

- Chest**
- Chest
 - CTPA Pulmonary Embolism Protocol
 - HighRes (Interstitial Lung Disease)
 - Lung Screen
 - Calcium Score (Excluding Stratford)
 - Coronary CTA (Shelton Only)

- Abdomen/Pelvis**
- Abdomen & Pelvis
 - Volumen (CT Enterography)
 - Hematuria Protocol **3D**
 - Liver Mass Protocol
 - Abdomen Only
 - Pelvis Only
 - Urinary stone localization

- Extremities Rt Lt **3D**
- Other _____
(please specify body part)
- AAA Protocol
- CTA _____
- Runoff