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Norwalk Radiology and Mammography Center

A Norwalk Hospital Outpatient Service

Arrival Time: _____

Exam Time: _____

NRMC to schedule patient appointment

Today's date: _____

Patient name: _____ DOB: _____ Phone: _____

Insurance: Primary: _____ Secondary: _____

Precertification: Primary: _____ Secondary: _____

Clinical history/symptoms: _____

Referring physician (signature): _____

CT Scan

- With Without With & Without
 Head with attention to:
 Brain
 Sinus
 Orbits
 Mastoids/Temporal Bones/IAC's
 Other

- Neck soft tissues
 Chest
 Abdomen
 Pelvis
 Cervical spine
 Thoracic spine
 Lumbar spine
 Stone protocol (abd & pelvis w/o contrast)
 CT urogram/CT IVP w/ 3-D reconstruction
 (abd & pelvis with pre- and post-IV contrast)
 Extremity/joint w/ 3-D reconstruction
 LT RT Location: _____

- Dentascan Mandible Maxilla
 Virtual colon
 Lung cancer screening
 Cardiac scoring
 Other: _____
 (please specify)

CT Angiography

- Pulmonary
 Thoracic aorta
 Carotid
 Circle of Willis
 Abdominal aorta
 Renal
 Visceral (celiac/SMA)
 Peripheral run-offs
 Other: _____
 (please specify)

Fluoroscopy

- Esophagram/barium swallow
 UGI
 UGI w/ small bowel
 Small bowel series
 Barium enema
 Other: _____
 (please specify)

MRI (high-field and open MRI)

- Head with attention to:
 Brain
 Orbits
 Pituitary
 IAC/posterior fossa
 Cranial nerve (specify #): ____
 Other

- Neck soft tissues
 Cervical spine
 Thoracic spine
 Lumbar spine
 Abdomen
 Pelvis _____ Bony _____ Soft tissue _____
 Hips LT RT
 Knee LT RT
 Shoulder LT RT
 Foot LT RT
 Ankle LT RT
 Elbow LT RT
 Other: _____
 (please specify)

Ultrasound

- Abdomen
 Abdomen w/ Doppler if indicated
 Right upper quadrant (limited)
 Right upper quadrant w/ Doppler if indicated
 Aorta
 Renal & bladder
 Renal & bladder w/ Doppler if indicated
 Pelvic transvaginal
 Pelvic transvaginal w/ Doppler if indicated
 Pelvic/full bladder (transabdominal)
 Pelvic/full bladder (transabdominal)
 w/ Doppler if indicated
 Scrotal w/ Doppler
 Thyroid
 Carotid Doppler
 Arm Venous Doppler
 LT RT
 Leg Venous Doppler
 LT RT
 Vascular screen
 (carotid & aorta w/ Doppler if indicated)
 Other/limited: _____

Interventional Radiology

- Consultation for uterine fibroid embolization

X-ray

- IVP Diabetic? Yes No
 Chest
 Abdomen (KUB)
 Sinus series
 Obstruction series
 Waters view
 S.T. neck (adenoids)
 Cervical spine
 Thoracic spine
 Lumbar spine
 Pelvis (hips)
 Extremity (please specify) LT RT
 Other: _____
 (please specify)

Breast Imaging - Digital Mammography w/ CAD

- Baseline mammogram
 Screening mammogram
 Screening breast ultrasound
 (requires mammogram within the past 12 months)
 LT RT Location: _____
 Diagnostic breast consultation
 (diagnostic mammogram and/or breast ultrasound, as needed)
 Diagnostic breast ultrasound w/ Doppler
 for mass evaluation (if indicated)
 LT RT Location: _____
 Breast biopsy
 Stereotactic biopsy
 Ultrasound-guided biopsy
 MRI-guided biopsy
 LT RT Location: _____

DEXA Scan

ICD-9 codes that support medical necessity

- 627.2 Symptomatic menopausal or female climacteric states
 733.00 Osteoporosis, unspecified
 733.01 Postmenopausal osteoporosis
 733.02 Idiopathic osteoporosis
 V76.19 Other screening
 V82.81 Screening for osteoporosis