



Hudson River Radiology

Premier Outpatient Diagnostic Radiology

Accredited by ACR • Accredited by Radsite

- 3T High Field Wide Bore Open MRI
- Elite Open MRI
- 1.5T Extremity Only Open MRI
- 64 Slice Low Radiation CT-Scan
- 3D Digital Mammography TOMOSYNTHESIS

Walk IN: X-RAY • DEXA • MAMMOGRAPHY

Scheduling Hotline: 201.876.1111 Rx Fax: 973.595.1002 Dx Fax: 800.706.0381 Email: rx@njrad.com NPI # 1184656829

Jersey City
 550 Newark Avenue
 Jersey City, NJ 07306
 Tel : 201.656.5050
 Fax: 201.484.8807

Jersey City
 547 Summit Avenue
 Jersey City, NJ 07306
 Tel : 201.656.5050
 Fax: 201.876.8887

Union City
 120-152 48th Street
 Union City, NJ 07087
 Tel : 201.330.1606
 Fax: 201.330.7622

Wayne
 516 Hamburg Tpk
 Wayne, NJ 07470
 Tel : 973.720.0050
 Fax: 973.595.1002

- Films CD
- Online Access (Physician Portal: www.hrris.com)
- Call Stat Report (Tel. _____)

PATIENT NAME _____ TEL. _____

WRITTEN DIAGNOSIS/REASON/SYMPTOM FOR EXAM(S) REQUIRED _____

Medicare and other insurances require coding of specific/definitive diagnosis(es), sign(s) or symptom(s) to reflect the "medical necessity" for each test. Rule out, Possible or Probable Conditions cannot be coded. (As per Medicare Policy Part B Bulletin)

PHYSICIAN'S NAME _____ TEL. _____

PHYSICIAN'S SIGNATURE _____ DATE _____ I hereby certify that the exam(s) ordered on this form is/are medically necessary to manage the care of the patient.

Original Signature Only.....Signature Stamp not allowed

- 3.0T WIDE BORE MRI**
- 1.5T MRI**
- WITH AND WITHOUT CONTRAST
- BUN _____ CRE _____

- HEAD**
- Brain (routine)
 - Brain (seizure protocol)
 - Brain with DTI
 - IAC'S
 - Orbits (optic nerve)
 - Pituitary Gland (w/wo contrast)
 - Sinuses
 - TMJ

- SPINE**
- Cervical Level: _____
 - Thoracic Level: _____
 - Lumbar Level: _____
 - Pelvic Bone (w/sacrum/coccyx)

- CHEST/BODY**
- Neck (soft tissue)
 - Breast MRI with CAD (bilateral) w/wo contrast

- ABDOMEN**
- Abdomen w/o contrast
 - Abdomen w/wo contrast
 - MR Urogram (no contrast)

- PELVIS**
- Pelvis w/o contrast
 - Pelvis w/wo contrast
 - Male Pelvic Bone
 - Female Pelvic
 - Prostate with Multiparametric 3D (no endorectal coil needed) w/wo Contrast

- 1.5T EXTREMITY MRI**
- OPEN MRI**
- WITHOUT CONTRAST
- BUN _____ CRE _____ eGFR _____

- MR ANGIOGRAM**
- Carotids
 - Cerebral
 - Renals
 - Aorta
 - Lower Extremities Runoff (includes Abdomen, Pelvis, Lower Extremities)
 - Upper Extremities Runoff (Chest, Arm, Forearm, Hand)
 - MRCP

- MR VENOGRAPHY**
- Abdomen
 - Pelvis
 - Chest
 - Neck
 - Cerebral

- EXTREMITIES**
- Shoulder L R B
 - Elbow L R B
 - Wrist L R B
 - Hand L R B
 - Hip L R B
 - Thigh L R B
 - Knee L R B
 - Lower Leg L R B
 - Ankle L R B
 - Foot L R B

- MRI ARTHROGRAM**
- Shoulder w/wo contrast L R B
 - Elbow w/wo contrast L R B
 - Wrist w/wo contrast L R B
 - Hip w/wo contrast L R B
 - Knee w/wo contrast L R B
 - Ankle w/wo contrast L R B

- 64 SLICE CT-SCAN**
LOWEST RADIATION DOSE
- BUN _____ CRE _____ eGFR _____
- with & w/o w/o
- Brain w/3D
 - Pituitary w/3D
 - Orbits w/3D
 - Temporal Bones/IAC w/3D
 - Sinuses w/3D
 - Sinuses w/Landmark Protocol
 - Neck-Soft Tissue w/3D
 - Lung w/3D
 - Chest w/3D
 - Abdomen/Pelvisw/3D
 - Pelvis w/3D
 - Cervical Spine w/3D
 - Thoracic Spine w/3D
 - Lumbar Spine w/3D
 - Extremities w/3D _____

- CT-ANGIO**
- BUN _____ CRE _____ eGFR _____
- CTA Head CTA Pelvis
 - CTA Carotid CTA Upper
 - CTA Chest CTA Lower
 - CTA Abdomen Aorta CTA Aorta

- SONOGRAPHY**
- Abdomen/Retroperitoneum w/Doppler
 - Female Pelvis/Transabd/Transvag w/Doppler
 - OB Sono 1st Trimester w/Doppler
 - OB Sono Targeted w/Doppler
 - OB Sono BPP Limited Scan
 - Male Pelvis/Transabd w/Doppler
 - Thyroid w/Color Mapping
 - Breast w/Color Mapping
 - Testicular w/Doppler
 - Extremity
 - Other _____

- VASCULAR DOPPLER**
- LE - (Lower Extremity) - Arterial L R B
 - UE - (Upper Extremity) - Arterial L R B
 - LE - Venous L R B
 - ABI - Ankle Brachial Indices L R B
 - Carotid
 - Vertebral w/Limited Intracranial Imaging
 - Abdominal Vasculature
 - Other _____

- DIGITAL X-RAY**
- Skull RT LT
 - Orbits RT LT
 - Facial Bones
 - Nasal Bones
 - Paranasal Sinuses
 - Nasopharynx/Soft Tissue Neck
 - Cervical Spine
 - Thoracic Spine
 - Lumbar Spine/Pelvis
 - Pelvis RT LT
 - Sacrum/Coccyx
 - SI Joints RT LT
 - Shoulder RT LT
 - Scapula RT LT
 - Clavicle RT LT
 - Chest PA/LAT RT LT
 - Ribs RT LT
 - Sternum RT LT
 - Arm/Humerus RT LT
 - Elbow RT LT
 - Forearm RT LT
 - Wrist RT LT
 - Hand RT LT
 - Finger RT LT
 - Abdomen - KUB
 - Abdomen -Flat/Upright RT LT
 - Hip RT LT
 - Knee RT LT
 - Tibia/Fibula RT LT
 - Ankle RT LT
 - Heel/Calcaneous RT LT
 - Foot RT LT
 - Toe RT LT
 - Skeletal Survey
 - Scoliosis Series
 - Other _____

- DIGITAL MAMMOGRAPHY**
3D BREAST TOMOSYNTHESIS
- Screening RT LT
 - Diagnostic RT LT
 - Unilateral RT LT

- DEXA (Osteoporosis)**
- Bone Mineral Density
 - Vertebral Fracture Assessment

- ECHOCARDIOGRAPHY**
- Echocardiography w/Color Doppler & Velocity Mapping

SPECIAL INSTRUCTIONS & DIAGNOSTIC PROCEDURES NOT LISTED:

PATIENTS INSTRUCTION

MRI / MRA (Magnetic Resonance Imaging)

Please inform us if you have any of the following:

- Surgical Vascular Clips
- Neurostimulators
- Cochlear Implants
- Breast Tissue Expander
- IVC Filter
- Penile Implants
- Sliver Backed Dermal Patches

Do not wear eye make-up. Music available during the examination.

PATIENTS WITH:

- PACEMAKERS**
- CEREBRAL ANEURYSM CLIPS**
- FEROMETALLIC IMPLANTS**

CAN NOT HAVE AN MRI EXAM PERFORMED.

Breast MRI:

Has to be done between the 7th and 14th day after the menstrual cycle.

CT-SCAN:

Nothing to eat or drink 8 hours prior to the exam except water. Must pick up barium bottles from our office prior to the actual day of exam. Drink 1 bottle before bedtime and half a bottle 1 hour before exam.

ABDOMINAL SONOGRAM:

Nothing to eat or drink for 8 hours prior to exam.

OB AND PELVIC SONOGRAM:

30 minutes before exam drink 4 large glasses of water. Do not empty bladder, full bladder required.

DIGITAL MAMMOGRAM:

Do not use powder, deodorant or perfume on the underarms or breast area on the day of the exam.

Bring previous mammogram films.

DEXA:

No calcium pills, vitamins with calcium or dairy products on day of exam.

No nuclear medicine studies or contrast studies day before exam.

△ATTENTION ALL PATIENTS:

•**Please wear loose and comfortable clothing when coming in for your diagnostic exam.**

•**Please try not to bring any valuables when arriving for your diagnostic exams.**

•**Attention patients, please bring all related results and copies of studies performed.**

Asthmatic or allergic patients, please pre-medicate. Diabetic patients needing contrast, please alert our office at the time of your appointment.

