NYMI
NEW YORK MEDICAL IMAGING ASSOCIATES

GENERAL REFERRAL FORM

☐CD ☐FILM ☐PAPER ☐KEY IMAGES

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

PATIENT NAME: _____ TEL#: _____

PHYSICIAN NAME _____ PHYSICIAN TEL #_____

CLINICAL INFORMATION: _____

_____ DATE: _____

CT 64 MULTIDETECTOR 6th Floor

WE USE NON-IONIC CONTRAST MEDIA EXCLUSIVELY
WITH CONTRAST: ☐YES ☐ NO

☐CREAT./GFR TEST AT NYMI - **EMERGENCY**
☐CHEST
☐ABDOMEN
☐PELVIS
☐CT STONE STUDY
☐HEAD
☐ORBITS
☐IACS
☐TEMPORAL BONES
☐PITUITARY
☐SINUSES ☐BRAINLAB ☐VTI
☐LOW DOSE SINUS SURVEY
☐MAXILLOFACIAL
☐SOFT TISSUE NECK
☐MANDIBLE (NON DENTAL)
☐ENTEROGRAPHYv
☐CT MYELOGRAM
☐CT UROGRAM
☐CT POUCHOGRAM
☐CT PREPPED COLON
☐CERVICAL SPINE
☐THORACIC SPINE
☐LUMBAR SPINE
☐ARTHROGRAM ☐SCANOGRAM
☐LEG __FEMUR __TIB/FIB

☐FOOT	☐R	☐L
☐SHOULDER	☐R	☐L
☐HUMERUS	☐R	☐L
☐ELBOW	☐R	☐L
☐RADIUS/ULNA	☐R	☐L

CT ANGIOGRAPHY 6TH FLOOR

WE USE NON-IONIC CONTRAST MEDIA EXCLUSIVELY

☐CREAT./GFR TEST AT NYMI - **EMERGENCY**
☐CT CORONARY ANGIOGRAM (CCTA)
☐AORTA ___CHEST ___ABD/PEL ANGIO
☐PULMONARY ANGIO
☐BRAIN ANGIO
☐NECK/CAROTID ANGIO
☐MESENTERIC ANGIO
☐RENAL ARTERY ANGIO
☐EXTREMITY
☐RUNOFF STUDY

CT SCREENING STUDIES 6TH FLOOR

WE USE NON-IONIC CONTRAST MEDIA EXCLUSIVELY

☐HEART & LUNG SCREENING
☐CORONARY CALCIUM (HEART) SCREENING
☐PULMONARY NODULE (LUNG) SCREENING
☐VIRTUAL COLONOSCOPY

N.M SCINTIGRAPHY 4TH FLOOR

☐WHOLE BODY BONE SCAN
☐LIMITED AREA BONE SCAN
☐3-PHASE BONE SCAN
☐MUGA
☐RENAL
☐THYROID IODINE 123
☐GALLIUM
☐LIVER
☐OCTREOTIDE
☐GASTRIC EMPTYING STUDY
☐PARATHYROID
☐HIDA
☐INDIUM WBC
☐TAGGED RBC/HEMANGIOMA
☐MECKEL SCAN/BLEEDING STUDY

PET/CT 6th Floor

☐CREAT./GFR TEST AT NYMI - **EMERGENCY**
☐WHOLE BODY PET /CT
☐BRAIN PET/CT ☐DIAGNOSTIC CT

ULTRASOUND 5th Floor

EXAMS ARE PERFORMED WITH DUPLEX DOPPLER WHERE CLINICALLY INDICATED

☐ABDOMINAL COMPLETE
☐PELVIS COMPLETE W/ DOPPLER
(76856-TRANSABDOMINAL, 76830-VAGINAL, 93975-DOPPLER)
☐TRANSABDOMINAL W/ FULL BLADDER
☐TRANSVAGINAL
☐OBSTETRIC (LEVEL II) ANATOMY
☐BREAST
☐SONOHYSTEROGRAM
☐THYROID
☐THYROID FNA BIOPSY
☐RETROPERITONEUM (KIDNEYS AND BLADDER)
☐SCROTUM
☐AORTA SCREENING
☐EXTREMITY NON-VASCULAR
☐DUPLEX CAROTID
☐VENOUS EXTREMITY (UPPER) ☐R ☐L
☐VENOUS EXTREMITY (LOWER) ☐R ☐L
☐HEPATIC VESSELS
OTHER _____

X-RAY 5th Floor

☐CHEST ☐AP ☐PA ☐LAT
☐HEAD ☐SKULL ☐SINUS ☐ORBITS
☐FACIAL BONES ☐NASAL BONES ☐MANDIBLE
☐RIBS
☐ABD ☐FLAT ☐ERECT ☐OBS ☐MARKER STUDY
☐THORACIC ☐STANDING
☐CERVICAL SP ☐ 2 VIEWS ☐4 VIEWS ☐STANDING F/E
☐LUMBAR SP ☐ 2 VIEWS ☐4 VIEWS ☐STANDING F/E

	R	L	B
☐CLAVICLE	☐	☐	☐
☐SCAPULA	☐	☐	☐
☐SHOULDER	☐	☐	☐
☐HUMERUS	☐	☐	☐
☐ELBOW	☐	☐	☐
☐WRIST	☐	☐	☐
☐HAND	☐	☐	☐
☐HIP	☐	☐	☐
☐FEMUR	☐	☐	☐
☐KNEE	☐	☐	☐
☐LEG: TIB/FIB	☐	☐	☐
☐ANKLE	☐	☐	☐
☐FOOT	☐	☐	☐
☐SCOLIOSIS SERIES	☐	☐	☐

OTHER _____

FLUOROSCOPY 5th Floor

☐CINE ESOPHAGRAM
☐ESOPHAGRAM
☐UPPER GI SERIES
☐GI SERIES SMALL BOWEL
☐GI SERIES ESOPHGRAM
☐SMALL BOWEL SERIES
☐DOUBLE CONTRAST BARIUM ENEMA
☐HYSTEROSALPINGOGRAM
☐FISTULOGRAM
☐POUCHOGRAM
☐CATHER PATENCY STUDY
OTHER _____

MRI 6th Floor

WITH CONTRAST: ☐YES ☐ NO

☐CREAT./GFR TEST AT NYMI - **EMERGENCY**
☐BRAIN
☐ORBITS
☐IAC
☐FACIAL
☐NECK
☐TMJ
☐PITUITARY
☐CERVICAL SPINE
☐THORACIC SPINE
☐LUMBAR SPINE
☐SPINE SURVEY
☐MRI CARDIAC
☐CHEST ☐CARDIAC ☐ANATOMY ☐FUNCTION
☐ABDOMEN
☐MRCP (BILIARY)
☐PELVIS

☐MRI BREAST	☐R	☐L	☐B
☐SHOULDER	☐R	☐L	☐B
☐SHOULDER ARTHROGRAM			
☐HIP ARTHROGRAM			
☐ENTEROGRAPHY			
☐ARM/HUMERUS			
☐RADIUS/ULNA			
☐ELBOW	☐R	☐L	☐B
☐WRIST	☐R	☐L	☐B
☐HAND	☐R	☐L	☐B
☐HIP	☐R	☐L	☐B
☐LEG ☐FEMUR ☐TIB /FI B			
☐KNEE	☐R	☐L	☐B
☐ANKLE	☐R	☐L	☐B
☐FOOT	☐R	☐L	☐B
☐MRI PROSTATE			
☐MRI ARTHROGRAM	☐DIRECT	☐INDIRECT	
☐MRI UROGRAM			
☐MRI DEFECOGRAPHY			
☐TOTAL BODY (STIR)			

OTHER _____

MR ANGIOGRAPHY 6th Floor

☐HEAD/BRAIN ANGIO
☐NECK ANGIO
☐CHEST ANGIO
☐CAROTID & VERTEBRAL ANGIO
☐PELVIS ANGIO
☐ABDOMEN ANGIO
☐LOWER EXTREMITY ANGIO
☐MR VENOGRAM

MAMMO/BREAST IMAGING 4th Floor

BRING PRIOR FILMS IF AVAILABLE

☐SCREENING - MAMMOGRAPHY
☐3D TOMOSYNTHESIS
☐DIAGNOSTIC - MAMMOGRAPHY
☐BILATERAL ☐UNILATERAL ☐R ☐ L
☐BREAST SONOGRAPHY
☐BILATERAL ☐UNILATERAL ☐R ☐ L
☐BREAST BIOPSY ☐ R ☐ L
☐ FNA ☐ CORE ☐ MR
☐STEREOTACTIC CORE BIOPSY
☐MRI BREASTS (6th Floor)
☐ with CONTRAST ☐ without CONTRAST

DENSITOMETRY 4th Floor

☐DEXA

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

165 EAST 84TH STREET, NEW YORK, NY 10028 - TEL: 212-535-9770 | FAX 212-988-1520
WWW.NYMIASSOCIATES.COM