

IDF Diagnostic Facility

1963 GRAND CONCOURSE
SUITE LL, • BRONX, NY 10453

TEL: (718) 731-2500
FAX: (718) 731-5100

PATIENT'S NAME _____ DATE OF BIRTH _____ DATE _____

HISTORY _____ REASON FOR EXAM _____

REFERRING PHYSICIAN _____ REFERRING PHYSICIAN'S SIGNATURE _____

☐ INSURANCE _____ ☐ D.O.A _____ ☐ CLAIM _____

MRI Information: MRI is contraindicated in patients with Pacemakers, Ear Implants, and Cerebral Aneurysm Clips and metal in Eyes, Etc.

CT and IVP Information: BUN _____ /CREATININE _____ Date of Blood Work _____

Asthma or Allergy, Diabetes needing contrast, please alert our office at the time of your appointment,

GENERAL RADIOLOGY / XRAY

OPEN MRI

CT SCAN

VIEWS

☐ Skull

☐ Entire Spine

☐ Cervical Spine

☐ Thoracic Spine

☐ Lumbar Spine

☐ Pelvis ☐ Sacrum/Coccyx

Extremities . . . Lt. . . . Rt.

☐ Shoulder . . . ☐ . . . ☐

☐ Humerus . . . ☐ . . . ☐

☐ Elbow . . . ☐ . . . ☐

☐ Radius/ulna . . . ☐ . . . ☐

☐ Wrist . . . ☐ . . . ☐

☐ Hand . . . ☐ . . . ☐

☐ Hip . . . ☐ . . . ☐

☐ Femur . . . ☐ . . . ☐

☐ Knee . . . ☐ . . . ☐

☐ Tibia/Fibula . . . ☐ . . . ☐

☐ Ankle . . . ☐ . . . ☐

☐ Foot . . . ☐ . . . ☐

ENT

☐ Paranasal Sinuses

☐ Nasopharynx

☐ Nasal Bones

☐ Facial Bones

Abdomen

☐ KUB. ☐ Pa/Lat

☐ Flat/Erect. ☐ Ribs

☐ IVP

☐ Other _____

PRECAUTIONARY SCREENING

Patient Pregnant ☐ YES ☐ NO

Metallic Implant ☐ YES ☐ NO

Atejihh Cshiikjp ☐ YES ☐ NO

Shrapel ☐ YES ☐ NO

Cardiac Pacemaker ☐ YES ☐ NO

Contrast

Yes No With/Without

☐ Brain ☐ ☐ ☐

☐ Pituitary ☐ ☐ ☐

☐ IACs ☐ ☐ ☐

☐ Dorbits ☐ ☐ ☐

☐ Sinuses ☐ ☐ ☐

☐ DTMJ ☐ ☐ ☐

☐ Neck-Soft Tissue. ☐ ☐ ☐

☐ Cervical Spine ☐ ☐ ☐

☐ Thoracic Spine ☐ ☐ ☐

☐ Lumbar Spine ☐ ☐ ☐

☐ Chest. ☐ ☐ ☐

☐ Abdomen. ☐ ☐ ☐

☐ Pelvis ☐ ☐ ☐

☐ Other _____

Extremities . . . Lt. Rt.

☐ Shoulder ☐ ☐

☐ Elbow ☐ ☐

☐ Wrist ☐ ☐

☐ Hand ☐ ☐

☐ Hip ☐ ☐

☐ Knee ☐ ☐

☐ Ankle ☐ ☐

☐ Foot ☐ ☐

☐ Other _____

MR Angiography

☐ Brain MRA

☐ NeckMRA

☐ Thoracic Aorta MRA

☐ Abdominal Aorta MRA

☐ Renal MRA

☐ Upper Extremity MRA

☐ Lower Extremity MRA

☐ Other _____

Contrast

Yes No With/Without

☐ Brain ☐ ☐ ☐

☐ Pituitary ☐ ☐ ☐

☐ Orbits ☐ ☐ ☐

☐ Temporal Bones AAC ☐ ☐ ☐

☐ Sinuses ☐ ☐ ☐

☐ Neck-Soft Tissue. ☐ ☐ ☐

☐ Chest ☐ ☐ ☐

☐ Abdomen/Pelvis ☐ ☐ ☐

☐ Pelvis ☐ ☐ ☐

☐ Cervical Spine. ☐ ☐ ☐

☐ Thoracic Spine ☐ ☐ ☐

☐ Lumbar Spine ☐ ☐ ☐

☐ Extremity. ☐ ☐ ☐

☐ Coronary Calcium Scoring

☐ Other _____

☐ Mandible

☐ Maxilla

In preparation for your exam, wear comfortable clothing that does not contain metal fastners and zippers, Do not wear jewelry, eye makeup or hair clips. If you have any questions or concerns about your exam, please call our office before your scheduled appointment.

Patient must bring picture ID and insurance card at time of appointment

Appt Day _____ Time _____ ☐ AM ☐ PM ☐