T: 212-746-6000 | www.wcinvp.com | F: 646-962-0122

Date:/	
Signature:	PID/ NII/ PA/ ICCII
Questionnaire Reviewed By: Print Name (Full Name):	MD/DN/DA/Toch
(FOR OFFICE USE ONLY)	
Date: / Time: AM/PM	
Relationship to Patient:	
Signature:	
Print Name:	
Questionnaire Completed By:	
I authorize Weill Cornell Imaging at NewYork-Presbyteria the prescribed examination.	in, its physicians and other staff to perform
If you require any explanation about your examination of our staff members or technologists. Your comfort is impopuestions and/or concerns you may have.	
Ultrasound is very safe. However, ultrasound imaging red directly in contact with the area that is being imaged. At Presbyterian, we do offer chaperones for those patients wone in the room.	Weill Cornell Imaging at NewYork-
You are here for a sonographic (ultrasound) examination images of the internal organs/tissues of your body.	. Sonography uses sound waves to create
Are you allergic to latex? □ Yes □ No	
What are your presenting symptoms?	
US: QUESTIONNAIRE/AUTHORIZATION	(Office use)
New York-Presbyterian (Weill Cornell Medicine	
welli Cornell imaging	Please bring all completed forms to your appointmen

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