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Clyde A. Hershan, M.D. • Paul S. Choi, M.D. • Sean K. Herman, M.D. • Robert L. Ludwig, M.D. • Gwen N. Harris, M.D.

Patient Name _____ Date of Birth: _____

Appointment Date: _____
Time: _____ AM / PM

Clinical Information _____

Examination Requested _____

Requested By Dr. _____

Address _____

Phone _____ Fax _____

REPORT INFORMATION: (Check all that apply)

- Send Report (routine) Images on CD Films
Have Patient bring CD or Films
Deliver To:
Copy of Report To:

*SEE REVERSE SIDE FOR PATIENT PREPARATION

BIOPSIES*

- Ultrasound Guided CT Guided
Body Part _____

PET/CT*

- Body Full Body Brain

NUCLEAR MEDICINE*

- Whole Body Bone Scan
3 Phase Bone Scan
Parathyroid
MUGA
Biliary Scan (HIDA)*
Renal Scan
SPECT
Other _____

X-RAYS*

- Chest PA-Lat
Spine
Cervical Thoracic Lumbar
Ribs Left Right
Abdomen Flat Erect
IVP
Pelvis
Extremity
Other _____

FLUOROSCOPY*

- UGI Series
Small Bowel
Barium Enema
Esophagram
Video Esophagram (Dysphagia/Dysmotility)
Hysterosalpingogram
Therapeutic Injection
Body Part Left Right
Other _____

BONE DENSITOMETRY

- DEXA

ULTRASOUND GUIDED PLATELET RICH PLASMA INJECTION*

- Body Part Left Right

CT SCAN*

- W & W/Out Nonionic Contrast
*BUN Creatinine
Date of Blood Test
Previous Contrast Reaction Yes No
If yes, please call our office.
3D Reformation
Brain
Temporal Bones
Sinuses Sinuses/BrainLab@
Maxilla Mandible
Orbits Facial Bone
Neck Soft Tissues
Cervical Spine Thoracic Spine
Lumbar Spine
Chest Abdomen Pelvis
CT Urinary Tract Stone (Non-Contrast)
Extremity
Coronary CT Angiogram
64 Channel GE Volume CT (VCT)
CT Angiogram
CT Calcium Scoring
CT Screening Chest
CT Screening Chest, Abdomen, Pelvis
CT Virtual Colonoscopy
CT Enterography (Abd/Pelv)
CT Myelography
Cervical Spine Thoracic Spine
Lumbar Spine
Other _____

ULTRASOUND*

- Abdominal
Gallbladder/Right Upper Quadrant
Aorta
Obstetrical
Transvaginal Pelvic
Testicular
Thyroid
Renal
Carotid Doppler
Color Flow Doppler
Upper/Lower Venous Doppler
Right Left Bilateral
Hysterosonogram
Therapeutic Injection
Body Part Left Right
Musculoskeletal: Body Part
Other _____

MRI*

- W & W/Out Gadolinium Contrast
High Field MRI (1.5T / 3T)
OPEN MRI
NEURO
Brain
MR Angiogram Brain
MR Angiogram Neck
IAC/CP Angle
Pituitary Dynamic
Cervical Spine
Thoracic Spine
Lumbar Spine
Sacrum/Coccyx
Total Spine-Metastatic Survey
Neck Soft Tissues
Brachial Plexus
TMJ
Orbits
MUSCULOSKELETAL
MR Arthrogram Joint
Shoulder Left Right
Elbow Left Right
Wrist Left Right
Hand Left Right
Hip Left Right
Knee Left Right
Ankle Left Right
Foot Left Right
BODY
Chest
Abdomen
Pelvis
Breast
Prostate with Coil
MR Angiogram Runoff
MR Angiogram Renal Arteries
MR Angiogram Thoracic Aorta
MR Angiogram Abdominal Aorta
MR Venogram
MRCP
MR Urogram
MR Enterography (Abd/Pelv)
Other _____