



PARKLAND

Diagnostic Imaging, PLLC

3055 Southwestern Blvd., Ste. 104 • Orchard Park, NY 14127 • (716) 677-OPEN (6736) • Fax: (716) 677-6144

Patient: _____ Date: _____

Doctor: _____

Clinical History: _____ ICD9 CODE: _____

Stat Fax Requested _____ Call Report _____ Please send Referral Pads

HIGH FIELD OPEN MRI/MRA

- Brain with contrast w/o contrast
- MRA (specify): _____ with contrast w/o contrast
- Orbits with contrast w/o contrast
- IAC with contrast w/o contrast
- Posterior Fossa with contrast w/o contrast
- Pituitary (Sella Turcica) with contrast w/o contrast
- Cervical Spine with contrast w/o contrast
- Thoracic Spine with contrast w/o contrast
- Lumbar Spine with contrast w/o contrast
- Chest with contrast w/o contrast
- Abdomen with contrast w/o contrast
- Pelvis with contrast w/o contrast
- Shoulder R L with contrast w/o contrast
- Elbow R L with contrast w/o contrast
- Wrist R L with contrast w/o contrast
- Hand R L with contrast w/o contrast
- Hip R L with contrast w/o contrast
- Knee R L with contrast w/o contrast
- Ankle R L with contrast w/o contrast
- Foot R L with contrast w/o contrast
- Arthrogram R L with contrast w/o contrast
Shoulder
- Other _____

COMPUTERIZED TOMOGRAPHY

- Brain with contrast w/o contrast
- Orbits with contrast w/o contrast
- Temporal Bones with contrast w/o contrast
- Sinuses with contrast w/o contrast
- Soft Tissue Neck with contrast w/o contrast
- Chest with contrast w/o contrast
- Abdomen with contrast w/o contrast
- Pelvis with contrast w/o contrast
- Spine (specify): _____ with contrast w/o contrast
- 3D Imaging with contrast w/o contrast
Recontstruction
- Other _____

COPY OF FILMS REQUESTED

GENERAL

- Skull
- Sinuses
- Chest
- Abdomen
- Cervical Spine AP/LAT Only Flexion/Extension
- Thoracic Spine
- Lumbar Spine AP/LAT Only Flexion/Extension
- Pelvis Erect
- Knees R L
- Feet R L
- Ankle R L
- Hips R L
- Shoulders R L
- Elbows R L
- Wrist R L
- Hands R L
- IVP R L
- Leg Length R L
- Other _____

VASCULAR STUDIES

- Abdominal Doppler Specify Area _____
- Renal Artery Doppler
- Carotid Doppler
- Venous Doppler Specify Area _____
- Arterial Doppler Specify Area _____

ULTRASOUND

- Thyroid
- Breast R L
- Abdominal
- Pelvic
- Transvaginal
- Prostate
- Testicular
- OB _____
- Other _____

Physician Signature

The following instructions are recommended for optimal study results; however, if you have any special needs and are unable to follow the instructions, please contact your referring physician.

INSTRUCTIONS

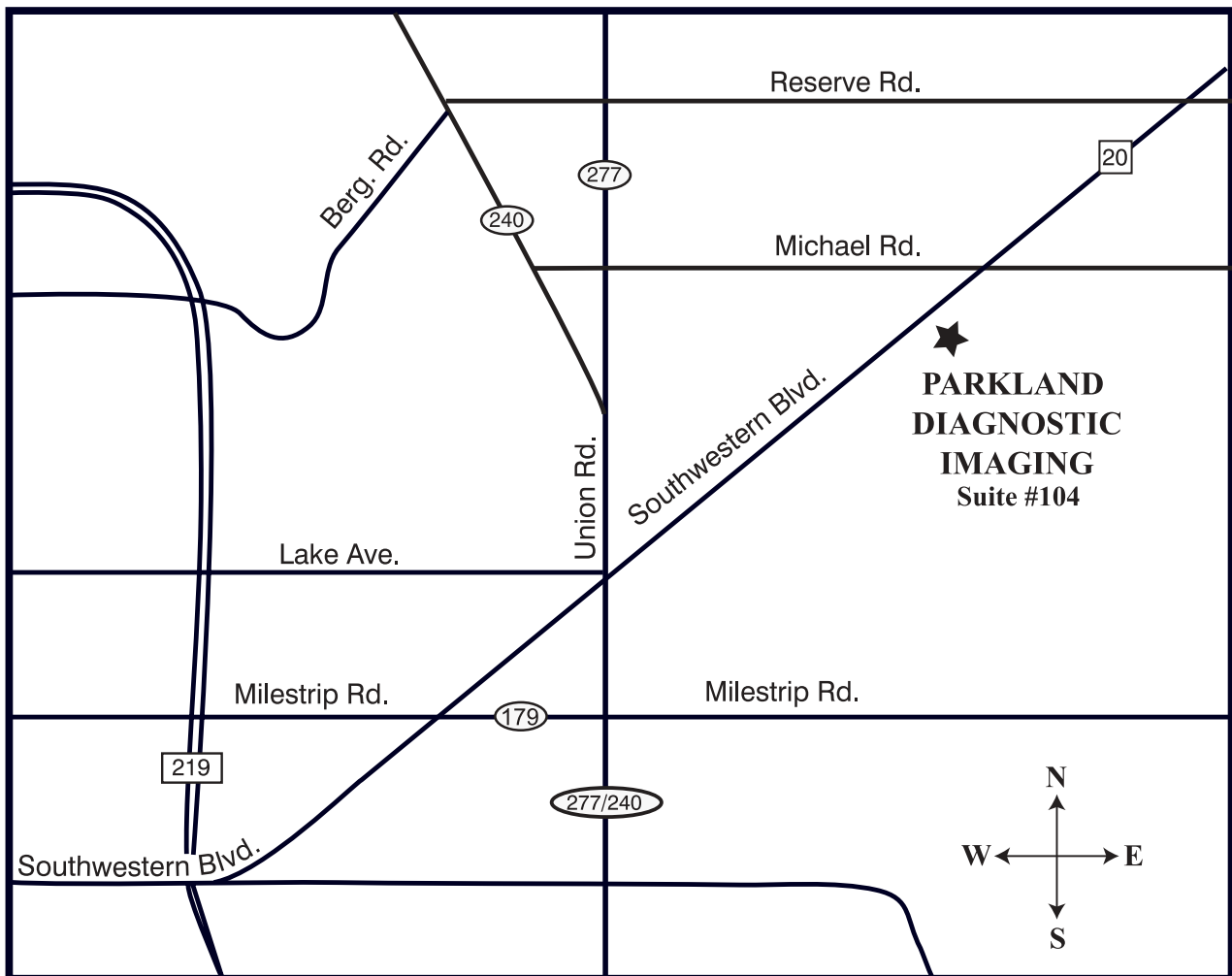
MRI:

When you make your appointment, please tell us if you are pregnant, have aneurysm clips or cardiac pacemaker or defibrillator, have a history of metal fragments or shrapnel, or have a drug infusion device.

CT SCAN:

ABDOMINAL/PELVIC EXAMINATIONS WITH CONTRAST: Nothing to eat or drink for two hours prior to the examination or as otherwise instructed.

DIRECTIONS TO PARKLAND DIAGNOSTIC IMAGING



Exit 55 East from the I-90. Stay on Ridge Road, (Seneca Street), until the intersection of Seneca and Union Road - Turn Right. Take Union To Michael Road - turn left. At Southwestern Blvd. (Rt. 20) - turn right. Parkland Diagnostic Imaging will be on the left.

Exit the 219 at Milestrip, (179) East. Stay on 179 East until you reach Southwestern Blvd., (Rt. 20) - turn left. Parkland will be on your right. (about 1 1/2 miles)