



Patient Name: _____ DOB: _____

Patient Phone Number: _____ Insurance Coverage: _____

Authorization Number: _____ Policy Number: _____

Clinical Decision Support G Code: _____ Clinical Decision Support Modifier: _____

Symptoms / Reason for Exam _____

(include as many signs and symptoms as applicable - "r/o or question of" is not sufficient)

Please bring this slip with you to your appointment.

M R	
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Rectum
<input type="checkbox"/> Pelvis	<input type="checkbox"/> Prostate with DynaCAD
<input type="checkbox"/> Pancreas/MRCP	<input type="checkbox"/> Use of UroNav
<input type="checkbox"/> MR Enterography (includes abdomen & pelvis)	<input type="checkbox"/> Use of ProFuse
<input type="checkbox"/> MR Elastography (includes abdomen)	
PATIENT MUST FAST FOR 4 HOURS	
<input type="checkbox"/> MRA Abdomen	
PLEASE SPECIFY CONTRAST	
<input type="checkbox"/> Radiologist's discretion	<input type="checkbox"/> Without <input type="checkbox"/> Without and With

C T	
<input type="checkbox"/> Abdomen & Pelvis wo/w delayed contrast (CT urogram)	
<input type="checkbox"/> Renal Mass protocol (abdomen wo/w delayed contrast)	
<input type="checkbox"/> Renal Mass protocol to include Pelvis (abdomen wo, abdomen and pelvis with delayed contrast)	
<input type="checkbox"/> Adrenal Mass protocol (abdomen wo/w)	PATIENT MUST FAST FOR 2 HOURS
<input type="checkbox"/> Abdomen & Pelvis (with contrast)	
<input type="checkbox"/> Abdomen (with contrast)	
<input type="checkbox"/> Abdomen & Pelvis (w/o contrast)	
<input type="checkbox"/> Renal Stone protocol (abdomen and pelvis w/o contrast)	
<input type="checkbox"/> Radiologist's discretion	

If contrast is requested, please provide eGFR and Creatinine, if available _____ Done _____

ULTRASOUND	
<input type="checkbox"/> Abdomen complete (includes kidneys)	PATIENT MUST FAST FOR 6 HOURS
<input type="checkbox"/> Bilateral kidneys (retro limited, NO PREP)	
<input type="checkbox"/> Kidneys with renal artery (complete doppler)	
<input type="checkbox"/> Bladder (urinary/post void)	THE PATIENT MUST FINISH DRINKING 3 (8 OZ) GLASSES OF ANY LIQUID 1 HOUR PRIOR TO APPOINTMENT AND NOT EMPTY BLADDER. THE PATIENT MAY EAT
<input type="checkbox"/> Bilateral kidneys and bladder	
<input type="checkbox"/> Extremity nonvascular/groin (hernia) <input type="checkbox"/> RT <input type="checkbox"/> LT	
<input type="checkbox"/> Scrotal	
<input type="checkbox"/> Scrotal (with complete doppler for torsion only)	
<input type="checkbox"/> Radiologist's discretion	

GENERAL X-RAY OR OTHER PROCEDURE	
<input type="checkbox"/> KUB	
<input type="checkbox"/> OTHER EXAM	

Referring Physician's Name: _____ NPI#: _____

Signature: _____

CC Physician's Name: _____ Date: _____

Attention:

Please advise your MR and CT patients to expect a call from Rhode Island Medical Imaging to confirm and screen them for their exam prior to their appointment

FULL SERVICE LOCATIONS

LIMITED SERVICE LOCATIONS

	3T MRI	MRI	CT	Screening Mammography	Diagnostic Breast Imaging	Ultrasound	DEXA	X-Ray	Arthrograms / Therapeutic Joint Injections / MSK	Thyroid Biopsy	Breast Biopsy
Barrington Barrington Medical Center 1525 Wampanoag Trail, Suite 101 East Providence, RI 02915	◆		◆	◆		◆	◆	◆			
Cranston 1301 Reservoir Avenue Cranston, RI 02920		◆	◆	◆		◆	◆	◆			
East Greenwich Greenwich Medical Center 1351 South County Trail Building 1, Lower Level East Greenwich, RI 02818	◆	◆	◆	◆	◆	◆	◆	◆			◆
Johnston 1526 Atwood Avenue, Lower Level Johnston, RI 02919		◆	◆	◆	◆	◆	◆	◆		◆	◆
Lincoln Blackstone Center 6 Blackstone Valley Place Building 5, Suite 506, Lincoln, RI 02865		◆	◆	◆		◆	◆	◆	◆	◆	
North Providence 1500 Mineral Spring Avenue North Providence, RI 02904		◆	◆	◆		◆	◆	◆			
Pawtucket Blackstone Valley Medical Building 333 School Street, Suite 105 Pawtucket, RI 02860	◆		◆	◆		◆	◆	◆	◆		
Providence Moshassuck Medical Center 1 Randall Square, Suite 103 Providence, RI 02904		◆	◆	◆	◆	◆	◆	◆			◆
Warwick 250 Toll Gate Road Warwick, RI 02886		◆	◆	◆		◆	◆	◆			
East Providence Metacomet Office Park 450 Veterans Memorial Parkway Building 2, Suite 203 East Providence, RI 02914				◆	◆	◆	◆	◆			
Lincoln (Wake Robin) George Washington Medical Center 2 Wake Robin Road, Suite 107 Lincoln, RI 02865						◆		◆			
Warren Warren Medical Center 851 Main Street Warren, RI 02885								◆			