



Patient Name: _____ DOB: _____ Phone Number: _____
Insurance Coverage: _____ Authorization: _____
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

MR
Abdomen Prostate with DynaCAD
Pelvis Use of UroNav PATIENT MUST FAST FOR 4 HOURS
Pancreas/MRCP Use of ProFuse
MR Enterography (includes abdomen & pelvis)
Breast Unilateral Bilateral MRA Brain
Brain MRV Brain
Pituitary MRA Abdomen
Orbits (includes brain) MRA Neck
Neck MRA Chest
Chest MRI Cardiac
Cervical Spine MR Arthrogram
Thoracic Spine MR Neurography
Lumbar Spine
Shoulder RT LT
Bony Pelvis
Hip RT LT Bilateral
Knee RT LT
Foot (midfoot to forefoot) RT LT
Ankle (ankle to midfoot) RT LT
MR other RT LT
PLEASE SPECIFY CONTRAST
Radiologist's discretion Without Without and With

CT
Brain Chest Patella Tracking
Sinus Chest (high resolution) Foot RT LT
Dentascan Lung Cancer Screening Initial or Annual Exam (chest) Ankle RT LT
Cervical Spine Lung Cancer Screening Follow-up Exam (chest) Shoulder RT LT
Thoracic Spine Calcium Scoring Extremity RT LT Specify:
Lumbar Spine Renal Calculus (includes abdomen & pelvis) 3D Reformatted Images
CT Bone Density (QCT)
Neck CTA Chest (for PE / Aorta)
Abdomen & Pelvis CTA Chest (pulmonary vein mapping)
Liver CTA Brain PATIENT MUST FAST FOR 2 HOURS
Pancreas CTA Neck
Renal Mass CTA Abdomen
Abdomen only CTA Abdomen & Pelvis
Pelvis only CTA Upper Extremity
CT Urogram CTA (run off)
(abdomen & pelvis, wo/w delayed contrast) Virtual Colonoscopy Screening Diagnostic
CT Enterography (includes abdomen & pelvis)
CT other RT LT
PLEASE SPECIFY CONTRAST
Radiologist's discretion With Without Without and With

IF CONTRAST REQUESTED PLEASE PROVIDE CREATININE LEVEL (if available) _____ Done _____

ULTRASOUND
Abdomen complete (includes kidneys) Bilateral kidneys (retro limited, NO PREP)
RUQ (abdomen limited includes liver, pancreas, gallbladder, right kidney) Kidneys with renal artery (complete doppler)
Liver (abdomen limited with complete doppler for cirrhosis) Aorta (retro limited) PATIENT MUST FAST FOR 6 HOURS
Liver Elastography (with right upper quadrant ultrasound and complete doppler)
Choose one Transpelvic & Transvaginal (includes uterus and ovaries)
Transpelvic & Transvaginal (with doppler for torsion)
Transpelvic only (under the age of 18 only)
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
OBTA/ OB TV (up to 13 weeks) Bladder (urinary/post void)
Radiologist's discretion Bilateral kidneys and bladder

BREAST IMAGING
Breast MR (Randall Square only) DO NOT USE POWDER, PERFUME OR DEODORANT BEFORE THE EXAM. PLEASE BRING ANY PRIOR MAMMOGRAMS TO APPOINTMENT
Screening mammogram
Diagnostic mammogram* (PRN ultrasound) (indicate symptoms)
Breast ultrasound* (indicate symptoms) RT LT Bilateral Ultrasound axillary
*Services provided at Randall Square, Veterans Memorial Parkway, East Greenwich and Johnston only
Radiologist's discretion

BONE DENSITOMETRY
DEXA PATIENT SHOULD NOT TAKE ANY CALCIUM TABLETS OR PILLS 24 HOURS PRIOR TO APPOINTMENT
Radiologist's discretion

X-RAY OR OTHER PROCEDURE
Leg veins (vascular extremity for DVT) RT LT
Arm veins (vascular extremity for DVT) RT LT
Extremity nonvascular / groin (hernia/lump, baker's cyst) RT LT
Thyroid Scrotal (with complete doppler for torsion only)
Carotid Scrotal
MSK (please specify)
Other ultrasound exam (please specify)
Radiologist's discretion

X-RAY OR OTHER PROCEDURE
Abdomen- KUB Elbow Humerus Sacrum/Coccyx
Abdomen- Flat/Upright Facial Bones Knee Scoliosis Screening
Ankle Femur Lumbar Spine Shoulder Thoracic Spine
Bone Age Finger Nasal Bones SI Joints Tibia/Fibula
Calcaeus Forearm Orbits for Foreign Body Sinuses Toe
Cervical Spine Foot Pelvis Skull Wrist
Chest Hand Ribs Soft Tissue Neck
Clavicle Hip Ribs with PA Chest Other
Radiologist's discretion RIGHT LEFT BOTH

Referring Physician's Name: _____ NPI#: _____ Signature: _____
CC Physician's Name: _____ Date: _____

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								◆			