



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.

**MR**

Abdomen       Rectum

Pelvis       Prostate with DynaCAD

Pancreas/MRCP       Use of UroNav

MR Enterography (includes abdomen & pelvis)       Use of ProFuse

MR Elastography (includes abdomen)

MRA Abdomen

**PATIENT MUST FAST FOR 4 HOURS**

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**PLEASE SPECIFY CONTRAST**

Radiologist's discretion     Without     Without and With

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

**CT**

Abdomen & Pelvis wo/w delayed contrast (CT urogram)

Renal Mass protocol (abdomen wo/w delayed contrast)

Renal Mass protocol to include Pelvis (abdomen wo, abdomen and pelvis with delayed contrast)

Adrenal Mass protocol (abdomen wo/w)

Abdomen & Pelvis (with contrast)

Abdomen (with contrast)

**PATIENT MUST FAST FOR 2 HOURS**

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Cystogram **THE PATIENT MUST HAVE A FOLEY BAG PLACED PRIOR TO THE APPOINTMENT. REMOVAL OF FOLEY BAG MUST TAKE PLACE AT REFERRING OFFICE (NOT RIMI).**

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Abdomen & Pelvis (w/o contrast)

Renal Stone protocol (abdomen and pelvis w/o contrast)

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Radiologist's discretion

**ULTRASOUND**

Abdomen complete (includes kidneys)

Bilateral kidneys (retro limited, NO PREP)

Kidneys with renal artery (complete doppler)

**PATIENT MUST FAST FOR 6 HOURS**

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Bladder (urinary/post void)

Bilateral kidneys and bladder

**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**

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Extremity nonvascular/groin (hernia)     RT     LT

Scrotal

Scrotal (with complete doppler for torsion only)

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Radiologist's discretion

**GENERAL X-RAY OR OTHER PROCEDURE**

KUB

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OTHER EXAM

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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
<b>Barrington</b> Barrington Medical Center 1525 Wampanoag Trail, Suite 101 East Providence, RI 02915	◆		◆	◆		◆	◆	◆			
<b>Cranston</b> 1301 Reservoir Avenue Cranston, RI 02920		◆	◆	◆		◆	◆	◆			
<b>East Greenwich</b> Greenwich Medical Center 1351 South County Trail Building 1, Lower Level East Greenwich, RI 02818	◆	◆	◆	◆	◆	◆	◆	◆			◆
<b>Johnston</b> 1526 Atwood Avenue, Lower Level Johnston, RI 02919		◆	◆	◆	◆	◆	◆	◆		◆	◆
<b>Lincoln</b> Blackstone Center 6 Blackstone Valley Place Building 5, Suite 506, Lincoln, RI 02865		◆	◆	◆		◆	◆	◆	◆	◆	
<b>North Providence</b> 1500 Mineral Spring Avenue North Providence, RI 02904		◆	◆	◆		◆	◆	◆			
<b>Pawtucket</b> Blackstone Valley Medical Building 333 School Street, Suite 105 Pawtucket, RI 02860	◆		◆	◆		◆	◆	◆	◆		
<b>Providence</b> Moshassuck Medical Center 1 Randall Square, Suite 103 Providence, RI 02904		◆	◆	◆	◆	◆	◆	◆			◆
<b>Warwick</b> 250 Toll Gate Road Warwick, RI 02886		◆	◆	◆		◆	◆	◆			
<b>East Providence</b> Metacomet Office Park 450 Veterans Memorial Parkway Building 2, Suite 203 East Providence, RI 02914				◆	◆	◆	◆	◆			
<b>Lincoln (Wake Robin)</b> George Washington Medical Center 2 Wake Robin Road, Suite 107 Lincoln, RI 02865						◆		◆			
<b>Warren</b> Warren Medical Center 851 Main Street Warren, RI 02885								◆			