



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

PLEASE SPECIFY CONTRAST

Radiologist's discretion Without Without and With

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

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

Abdomen & Pelvis (w/o contrast)

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

Radiologist's discretion

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

ULTRASOUND

Abdomen complete (includes kidneys)

Bilateral kidneys (retro limited, NO PREP)

Kidneys with renal artery (complete doppler)

PATIENT MUST FAST FOR 6 HOURS

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

Extremity nonvascular/groin (hernia) RT LT

Scrotal

Scrotal (with complete doppler for torsion only)

Radiologist's discretion

GENERAL X-RAY OR OTHER PROCEDURE

KUB

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								◆			