

Patient Information

First Name _____ Last Name _____

Home Phone _____ / _____ / _____ Other Phone _____

Date of Birth _____ Weight _____ Patient to take CD Yes / No

Insurance Information

Insurance _____ Insurance Number _____

Secondary Insurance _____ Secondary Insurance Number _____

Authorization # _____ Secondary Authorization # _____

Specify Criteria & Exam Check more than one if applicable. Visit jeffersonradiology.com/referring-providers to download our ordering guide.

STAT

Left Right Bilateral

Abdomen & Pelvis (CT only)

Abdomen

Ankle

Cardiac (CT only)

Chest

C-Spine

Elbow

Extremity - Lower _____

Extremity - Upper _____

Facial

Foot

Head/Brain

Hips

IACs

Knee

L-Spine

Neck Soft Tissue

Orbits

Pelvis

Pituitary

Ribs

Shoulder

SI Joints

Sinus

Temporal Bone

Testicular

Thyroid

TMJ

T-Spine

Wrist

Other: _____

X-RAY

Breast Imaging Implants? Y / N

Screening

3D Screening Mammography

Proceed to screening breast ultrasound if dense breast

Proceed to diagnostic mammography and/or diagnostic ultrasound to complete assessment

Diagnostic ≥ 30 Years of Age **Diagnostic ≤ 30 Years of Age**

Diagnostic mammogram Diagnostic ultrasound

w/ultrasound if further clinical assessment required w/mammogram if further clinical assessment required

Axilla (Include bilateral/unilateral mammogram if clinically indicated)

Biopsy **Advanced Breast Imaging**

Ultrasound Guided MR Breast (Bilateral)

Stereotactic Galactogram/Ductogram

Ultrasound

Abdomen Complete Limited

Abdominal Doppler Specify Organ: _____

Aorta

Arterial Doppler Arm w/ WBI Right Left

Arterial Doppler Leg w/ ABI Right Left

Carotid Doppler

Pelvic (w/transvaginal and spectral Doppler, if clinically indicated)

Multilevel PVR w/Segmental Pressures (Includes limited duplex)

OB 1st Trimester (≥ than 11 weeks)

Renal Only

Renal/Bladder

Venous Vein Mapping/Reflux study Right Left

Venous Doppler Left Right Arm Leg

Other _____

3D Reconstruction: MRA CTA

Bone Densitometry screening diagnostic

CT Contrast at discretion of radiologist

Creatinine: _____ Date drawn: _____

(Required for CT contrast, within 90 days of appointment for patients over 65 years of age, with kidney disease or diabetes.)

Calcium Scoring

Enterography/Small Bowel - Must list secondary diagnosis:

Sinus w/Surgical Navigation Protocol Specify Protocol:

Virtual Colonography

Kidney Stone Study

(KUB if stone is present but not seen on scout view)

CT Urogram w/ 3D recon

MRI Contrast at discretion of radiologist.

Screening orbits performed if clinically indicated.

MRCP w/Abdomen and 3D - Must List Secondary Diagnosis:

Enterography/Small Bowel - Must List Secondary Diagnosis:

MR Arthrogram Joint: _____ Brachial Plexus

L R L R

Consult Uterine Fibroid Treatment Varicose Vein Treatment Other: _____

Nuclear Medicine

Requires 24 hour cancellation notice

Bone Scan

Total Bone

Limited Area: _____

SPECT

3Phase for Infection/Osteomyelitis, Loose Hardware

Captopril

Gallium Scan Whole Body

Limited Area: _____

Gastric Emptying Scan

HIDA Scan with CCK

Liver SPECT Scan - for Hemangioma

Liver Spleen Scan

MUGA Scan for LVEF (Resting Only)

Parathyroid Scan

I-131 Post Treatment Scan: 5-10 Days Post Tx

Radioiodine Treatment for Hyperthyroidism

Radioiodine Treatment for Cancer

w/Thyrogen

Renal Scan:

w/Lasix Cortical Imaging

Thyroid Scan

Uptake

White Blood Cell Scan (WBC) for Infection

I-31 Whole Body Scan w/Thyrogen

Signs & Symptoms ICD-10 requires listing of primary and secondary diagnosis (MUST LIST SPECIFICS, "rule out," "history of" or "question of" is not sufficient for insurance)

Acute Chronic Injury related? Date of Injury: ____ / ____ / ____

When more than one exam is required, specify which body parts apply below.

Referring Provider (print): _____ Signature (required): _____ Date: ____ / ____ / ____

After Hours #: _____ CC Provider Name(s): _____

Scheduling Your Imaging Exam

To best serve you, our team will be in touch to schedule your exam. Please do not hesitate to contact us in the meantime.

Appointment date: _____

Appointment time: _____

Location: _____

Scheduling: 860-289-3375

www.jeffersonradiology.com

OFFICE	DIRECTIONS	Vascular Ultrasound	General Radiology (X-Ray)	3D Tomosynthesis	Bone Densitometry	Digital Mammography	Nuclear Medicine	Ultrasound	CT Scan	Open MRI (High Field)	3T MRI (High Field)	MRI (High Field)
<input type="checkbox"/> 100 Simsbury Road, Suite 101 Avon, CT 06001	From Simsbury, follow Route 10 South to light. Turn L into Avon Wellness Center. From I-84 East or West , take Exit 39. Go straight onto Route 4 W to intersection of Routes 10/202. Turn R on Route 10 N to Route 44. Turn L on Route 44 W. Turn R on Route 10/202 N. Go 1/4 mile and turn R into parking lot at light (Avon Wellness Center).	■	■	■	■	■	■	■	■	■	■	■
<input type="checkbox"/> 6 Northwestern Drive, Suite 102 Bloomfield, CT 06002	From I-91 South , take exit 35B. At the end of the ramp, turn R onto Route 218 and go approximately 4.4 miles. After railroad tracks turn L at light onto Northwestern Drive. From I-91 North , take exit 35B. At the end of the ramp, turn L onto Route 218 and go approximately 4.4 miles. After railroad tracks turn L at light onto Northwestern Drive. From I-291W take Exit 1 for CT-218. Merge onto Putnam Hwy. Turn L onto Route 218 and go approximately 2.6 miles. After railroad tracks turn L at light onto Northwestern Drive.	■	■	■	■	■	■	■	■	■	■	■
<input type="checkbox"/> 100 Hazard Avenue, Suite 100 Enfield, CT 06082	From I-91 North or South , take Exit 47 E, go through 6 traffic lights. The driveway is on the right.	■	■	■	■	■	■	■	■	■	■	■
<input type="checkbox"/> 399 Farmington Avenue, First Floor Farmington, CT 06032	From I-91 North or South , take Exit 32A(84 West). Take 84 W to Exit 39. At end of ramp, take R at 1st light onto Farmington Avenue. Take R at 1st light onto South Road. Take L at 1st light into Farmington Medical Arts Center. From 84 East or West , take Exit 39. At end of ramp, take R at 1st light onto Farmington Avenue. Take R at 1st light onto South Road. Take L at 1st light into Farmington Medical Arts Center.	■	■	■	■	■	■	■	■	■	■	■
<input type="checkbox"/> 704 Hebron Avenue, Suite 100 Glastonbury, CT 06033	From Route 2 West , take Exit 8. Turn R on Oak Street, R on Hebron Avenue, R on Oakwood Drive (entrance on L). From Route 3 E and I-84 E or W to Route 2 East , take Exit 8 off of Route 2. Turn L on Hebron Avenue, then R on Oakwood Drive (entrance on L).	■	■	■	■	■	■	■	■	■	■	■
<input type="checkbox"/> 18 East Granby Road, Suite 202 Granby, CT 06035	From I-91 North or South , take exit 40 (Bradley International Airport). Merge onto Route 20. Take fourth exit for Route 20 East Granby, Granby. Travel approximately 5 miles. Turn R into parking lot (across from Geissler's Supermarket). From CT-219N/Gavitt Rd - Turn R onto CT-20E/ Hartland Road and go approximately 3.6 miles. Turn R onto Salmon Brook Street. Take first L onto East Granby Road. Office will be on left.	■	■	■	■	■	■	■	■	■	■	■
<input type="checkbox"/> 85 Seymour Street, Suite 200 Hartford, CT 06106	From I-91 North or South , take Exit 29A. Go around rotary and take Hudson Street to the end. Turn R on Jefferson Street, then L on Seymour Street. From I-84 West , take Exit 54. Go over Founders Bridge. At light turn L onto Columbus Blvd. Follow blue H (hospital) signs. Turn L onto Seymour Street. From I-84 East , take Exit 48A/48B (Asylum Street/Capitol Avenue). Turn L onto Capitol Avenue. Turn R onto Washington Street. Go through light at intersection of Washington Street and Jefferson Street, at next light L onto Seymour Street.	■	■	■	■	■	■	■	■	■	■	■
<input type="checkbox"/> 941 Farmington Avenue West Hartford, CT 06107	From I-84 East or West , take Exit 43. Turn R on Park Road, then immediate L onto Trout Brook Drive. Turn L on Farmington Avenue (office on L). From Route 44 East , turn R on North Main Street, then L onto Farmington Avenue (office on R).	■	■	■	■	■	■	■	■	■	■	■
<input type="checkbox"/> 1260 Silas Deane Highway, Suites 100 & 104 Wethersfield, CT 06109	From south of Wethersfield take I-91 North and take Exit 24. Turn R on Silas Deane Highway (office on R). From north of Wethersfield take I-91 South and take Exit 24. Turn L onto Silas Deane Highway (office on R). From Route 3 West , turn L on Silas Deane Highway (Route 99). Office is about 1 mile on L. From Route 175 E (Cedar Street in Wethersfield), turn R on Silas Deane Highway (office about 3 1/2 miles on L).	■	■	■	■	■	■	■	■	■	■	■

PATIENT INSTRUCTIONS — If prior images are not at Jefferson Radiology, please bring films or images on a CD at time of appointment. For breast imaging patients, please bring your last five (5) years of imaging history. If you have an appointment for any of the examinations listed below, please follow the instructions for preparation unless they are modified by your own doctor or by us.

ALL PATIENTS MAY BE REQUIRED TO CHANGE.

PATIENT INSTRUCTIONS FOR GENERAL X-RAY

- MAMMOGRAPHY:** Do not use any deodorant, cream or powder in the underarm or breast area prior to the examination.
- BONE DENSITOMETRY:** This examination should not be done within 2 weeks of a nuclear medicine procedure, within 1 week of any contrast study or 48 hours post barium study. Do not take calcium supplements for 24 hours prior to examination.

PATIENT INSTRUCTIONS FOR ULTRASOUND EXAMINATIONS

- PREGNANCY OR PELVIC ULTRASOUND:** Drink 32 oz. of water and FINISH drinking 60 minutes before scheduled exam. Do not urinate until the exam is complete. Males: no prep required.
- ENDOVAGINAL ULTRASOUND:** No prep.
- ABDOMINAL ULTRASOUND (Gallbladder, Aorta, Liver):** Nothing to eat or drink (including water) 6 hours prior to your exam.
- RENAL ULTRASOUND:** Drink 24 oz. of water and FINISH drinking 60 minutes before scheduled exam. Do not urinate until the exam is complete.

PATIENT INSTRUCTIONS FOR MRI / MRA OF THE ABDOMEN AND THE PELVIS

- Nothing to eat or drink (including water) 4 hours prior to your exam.

PATIENT INSTRUCTIONS FOR CT SCAN

- GENERAL INSTRUCTIONS FOR CT SCAN:** Nothing to eat or drink (including water) during the two hour period before your appointment. Medications may be taken normally and a list should be brought to your appointment.
- CT SCAN OF HEAD, NECK, CHEST:** Follow general instructions above.
- CT SCAN OF ABDOMEN/PELVIS:** Patients will need to drink a Readi-Cat solution 1-1/2 hour prior to their exam. Patients can either pick up the solution prior to their appointment or arrive 1-1/2 hour before their exam and drink it on site. Readi-Cat can be picked up at any of our Jefferson Radiology locations. Patients should not eat 2 hours prior to exam if they are having IV contrast.

PATIENT INSTRUCTIONS FOR NUCLEAR MEDICINE

- BONE SCAN:** No restrictions. Allow 15 minutes for injection. You will return 2-1/2 to 3-1/2 hours later for imaging. Allow 1 hour for the examination. Wear comfortable clothing.
- BILIARY SCAN:** Nothing to eat or drink for 4 hours before the scan. No pain medication 4 hours prior to the exam. Allow 2 hours for the examination.
- GASTRIC EMPTYING SCAN:** Nothing to eat or drink for 4 hours before the scan. Allow 2-4 hours for the examination.
- CAPTOPRIL RENAL SCAN (2-day Exam):** Certain blood pressure medications may need to be stopped for this procedure. This should be discussed with your doctor.
- THYROID UPTAKE AND SCAN (2-day Exam) / PARATHYROID SCAN (1-day Exam) / THYROID SCAN (1-day Exam):** Certain medications need to be stopped before this procedure. This can be discussed with your doctor.