

Midstate Radiology Associates, LLC

(Please do not use this form to schedule MRI)

CENTRAL SCHEDULING: 203-694-8984

CENTRAL SCHEDULING FAX: 203-694-7756

WEBSITE: www.viewrad.com

This prescription must be brought to this appointment. You can not be seen without it.
Esto Es Una Receta, Y Tiene Qué Traer A Esta Cita. Usted No Se Puede Ver Sin Esto.
Si usted no habla Ingles, por favor traigá un intérprete.

PATIENT'S NAME: _____ BIRTH DATE: _____
PHONE NUMBER: _____ WORK OR CELL # _____ WEIGHT: _____
EXAM(S): _____
CLINICAL DATA: _____
PATIENT DENIES PREGNANCY: YES NO
WHAT TYPE OF PRIOR EXAMS: _____ WHERE: _____
If prior exams were not at Radiology Associates, please have patient bring them to appointment

Please Complete This Section If Requesting An Appointment By Fax

INSURANCE PRIMARY: _____ SECONDARY: _____
PRECERTIFICATION PRIMARY: _____ SECONDARY: _____
PATIENT'S AVAILABILITY: WEEK OF: _____ DAY(S): _____

If patient is to receive contrast, please fill out the following:

GFR: _____ CREATININE: _____ DATE DRAWN: _____
IV CONTRAST: YES NO ORAL CONTRAST: YES NO
DOES THE PATIENT HAVE: ASTHMA? _____ ALLERGIES? _____
HISTORY OF CONTRAST REACTION? _____ PORTACATH? _____
IS THE PATIENT DIABETIC? _____ IF YES, WHAT MEDS ARE TAKEN? _____
PATIENT ON ASPIRIN: Y/N BLOOD THINNERS: Y/N PT _____ PTT _____ INR _____ PLATELETS _____

■ Mammography

■ DEXA (Bone Density)

DXA (DEXA) DIAGNOSTIC - INITIAL SCREENING - CHECK **ONE** BOX • Screening exams allowed every 2 years by most payers

<input type="checkbox"/> Postablative ovarian failure	256.2	<input type="checkbox"/> Menopausal & Postmenopausal disorder, unspecified	627.9
<input type="checkbox"/> Other ovarian failure	256.39	<input type="checkbox"/> Pathologic Vertebral FX	733.13
<input type="checkbox"/> Symptomatic menopausal or female climacteric states	627.2	<input type="checkbox"/> Glucocorticoid Therapy (Current)	V58.65
<input type="checkbox"/> Asymptomatic menopausal state (natural)	V49.81	<input type="checkbox"/> Hyperparathyroidism	252.01
<input type="checkbox"/> Symptomatic states associated with artificial menopause	627.4	<input type="checkbox"/> Nonspecific abnormal musculoskeletal findings	793.7
<input type="checkbox"/> Premature menopause < age 40	256.31	<input type="checkbox"/> **Therapeutic Adrenal Steroids Adverse Effects	E932.0
<input type="checkbox"/> Oophorectomy	V45.77	**Select an additional screening diagnosis code	
<input type="checkbox"/> Non Medicare DEXA screening for osteoporosis	V82.81		

DXA (DEXA) DIAGNOSTIC- CHECK **ONE** BOX • Allowed more frequently than every 2 years (primary codes below)

<input type="checkbox"/> Osteoporosis, Unspecified	733.00	<input type="checkbox"/> Cushing's Syndrome/Hyperadrenocorticism	255.0
<input type="checkbox"/> Osteoporosis, Postmenopausal	733.01	<input type="checkbox"/> Osteoporosis due to other drug (Identify)	733.09
<input type="checkbox"/> Osteoporosis, Idiopathic	733.02	<input type="checkbox"/> Osteopenia	733.90
<input type="checkbox"/> Osteoporosis, Disuse	733.03	<input type="checkbox"/> ***Osteoporosis/Osteopenia Medications (Current)	V58.69
<input type="checkbox"/> ***Long Term (current) bisphosphonates	V58.68	<input type="checkbox"/> ***Drug therapy completed for Osteoporosis	V67.51
<input type="checkbox"/> ***Glucocorticoid Therapy (Current)	V58.65	***Select an additional primary diagnosis code	

If patient is on steroids or osteoporosis therapy, name of drug: _____

MAMMOGRAM DIAGNOSTIC SCREENING CLINICAL DATA _____ DATE OF PRIOR EXAM _____

REFERRING PHYSICIAN: _____ FAX NUMBER: _____
(Needed to fax back the patient's appointment)

PHYSICIAN'S SIGNATURE: _____ DATE: _____

ADDITIONAL REPORTS TO: _____

PATIENT'S RADIOLOGY APPOINTMENT: (To be completed by Radiology Associates Scheduling Department Only)

DATE: _____ TIME: _____ FACILITY: _____

PATIENT PREP: _____

EXAM PREPARATIONS

(Any necessary medications may be taken with a sip of water)

- Upper GI** Exam time 1 hr. Nothing to eat or drink 12 hrs. before exam.
- Small Bowel Series** Exam time varies (may be up to 6 hrs.). Nothing to eat or drink 12 hrs. before exam.
- Barium Swallow** Nothing to eat or drink 4 hrs. before exam.
- Barium Enema** Exam time 2 hrs. Pick up preparation at MidState Medical Center Radiology Dept. 2 days prior to exam date.
- Mammography** Exam Time 30-45 min. No Deodorant, Powders, or Perfumes. Screening exams should be scheduled two weeks after menstrual period. After menopause a screening exam can be done anytime. Diagnostic exams can be done anytime.
- Ultrasound** Exam time 30-60 min.
 - Obstetrical - Drink 24 oz. of water and finish 1 hr. before exam. Do not urinate until the exam is completed.
 - Pelvic - Drink 24 oz. of water and finish 1 hr. before exam. Do not urinate until the exam is completed.
 - Transvaginal - No preparation necessary
 - Abdomen - Nothing to eat or drink after midnight (Gallbladder, Pancreas, Aorta).
 - Abdomen/ Pelvic Series - Nothing to eat after midnight, except drink 32 oz. of water and finish 1 hr. before exam. Do not urinate until the exam is completed.
 - Renal - Nothing to eat or drink 4 hrs. before exam.
 - Renal/ Pelvic Series - Nothing to eat or drink 4 hrs. before, except drink 24 oz. of water 1 hr. before. Do not urinate until exam is completed.
- CT Scan** Exam time less than 30 min. (Patients up to 500 lbs.) Patients need to arrive 30 min. prior to exam to register.
 - Bones and spine require no prep.
 - All other CT Scans - Nothing to eat or drink 4 hrs. before exam. Drinking water the day prior to, and the morning of the exam is encouraged except for those drinking oral contrast.
 - Some exams require patients to pick up a drink the day before the exam. Please inquire with CT department. Side effects from oral contrast may include diarrhea.
- IVP** Exam time 1-2 hrs. Nothing to eat or drink except water after midnight. Drinking water the day prior to, and the morning of the exam is encouraged.
- Nuclear Medicine** Exam time varies (up to 4 hrs.) Please call for important exam preparations: 203-694-8636. Bone scans are nuclear medicine studies; contact central scheduling: Tel: 203-694-8984 Fax: 203-694-7756
- MRI / Open MRI** Exam time 20-30 min. (Patients up to 550 lbs.)
MRI Numbers: Phone: 203-694-8459 Fax: 203-694-7631
Nothing to eat or drink 6 hrs. before exam for the following tests:
 - IV Valium MRCP Studies (NO Fatty Meals) Pelvic or Abdominal Studies
- DEXA** (Osteoporosis Scan) Exam time 15-20 min. **NO** calcium or vitamins 4 hrs. before exam.
- PET Scan** Exam time approximately 1 hr. **Call 203-694-8405 and speak with a radiology nurse for appropriate preparation or see the PET Scan Referral.**

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Appointment

Day: _____ Date: _____ Time: _____

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Meriden

MidState Medical Center

435 Lewis Avenue Phone: 203-694-8405 Fax: 203-694-7756
From Rt. 691 West take Lewis Avenue exit. **From Rt. 691 East** take Exit 5 Chamberlain Highway. Follow signs to Hospital. Radiology is off the south end of the Galleria, near the ER.
All insurances **except** Medicaid: Pre-cert use Midstate Radiology Associates
TAX ID: 061522306 • NPI: 1578518999

For hospital Medicaid: Pre-cert use Midstate Medical Center
TAX ID: 060646715 • NPI: 1427007848

Cheshire

Midstate Radiology Associates

680 South Main Street Phone: 203-272-3595 Fax: 203-250-0293
Located on Rt. 10 & south of Cheshire High School, diagonally across the street. The office entrance is at the back of the building on the lower level.

All insurances including Medicaid: Pre-cert use Meriden Imaging
TAX ID: 061541468 • NPI: 1508812561

Wallingford

Wallingford Diagnostic Imaging Center and MidState Women's Imaging Center

863 North Main St. Ext., Suite 100 Phone: 203-294-2721 Fax: 203-284-9041
From Wilber Cross: Exit 66 (US 5) . Turn Left on Colony Rd. Turn Left onto CT 68 ramp. Turn Left onto CT 68. Turn Right onto N. Main St. Ext. Turn into the driveway to the Stop and Shop.
From Colony Road South: Turn Right onto Ives Road. Turn left onto N. Main St. Ext. Turn into the driveway to the Stop and Shop.

Walk-in X-ray appointments in Wallingford start at 8:00 AM.

All insurances including Medicaid: Pre-cert use Meriden Imaging
TAX ID: 061541468 • NPI: 1508812561

North Haven

Midstate Radiology Associates

2 Broadway Phone: 203-234-2037 Fax: 203-234-2931
From I-91 South toward New Haven to Washington Ave. /US 5 Exit 12. Turn Left on Washington and go 1 mile. Turn Right onto Broadway.