

**MidState Medical Center**  
 High Field 1.5T Open MRI (up to 550lbs)  
 435 Lewis Avenue  
 Meriden, CT 06451

uHours: Mon - Fri 6:00am - 11:30pm  
 Sat - Sun 6:30am - 7:00pm  
 Phone: 203-694-8459  
 Fax: 203-694-7631

All insurances EXCEPT Medicaid:  
 For pre-cert use Midstate Radiology Associates  
 Tax ID: 061522306 • NPI: 1578518999  
 Medicaid:  
 For pre-cert use Midstate Medical Center  
 Tax ID: 060646715 • NPI: 1427007848

**Wallingford Diagnostic Imaging Center**  
 High Field 1.5T Open MRI (up to 550lbs)  
 863 North Main St. Ext., First Floor, Suite 102  
 Wallingford, CT 06492

Hours: Monday 9:00am - 6:30pm  
 Tue - Fri 7:00am - 5:00pm  
 Phone: 203-694-5453  
 Fax: 203-949-2714

For pre-cert use Meriden Imaging  
 Tax ID: 061541468  
 NPI: 1508812561

**Radiology Associates (up to 400lbs)**  
 High Field 1.5T  
 680 South Main Street  
 Cheshire, CT 06410

Hours: Mon - Fri 8:00am - 5:00pm  
 Phone: 203-272-3595  
 Fax: 203-250-0293

For pre-cert use Meriden Imaging  
 Tax ID: 061541468  
 NPI: 1508812561

**Bloodwork:**

Required for diabetic patients or those over 60 receiving contrast.  
 Required within 45 days of exam.

Creatine \_\_\_\_\_  eGFR \_\_\_\_\_  
 RESULT RESULT DATE

	YES	NO
Diabetic? If YES and patient is having contrast, Creat and GFR required	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>
Implanted Cardiac Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Aneurysm Clips, Brain	<input type="checkbox"/>	<input type="checkbox"/>
Any Type of Vascular Coil, Implant, Stents	<input type="checkbox"/>	<input type="checkbox"/>
Claustrophobic?	<input type="checkbox"/>	<input type="checkbox"/>
History of Cancer? Type: _____	<input type="checkbox"/>	<input type="checkbox"/>

**Appointment Time:**

Date: \_\_\_\_\_

Arrive Time: \_\_\_\_\_

Facility: \_\_\_\_\_

Date & Time Patient is Available: \_\_\_\_\_

Booked with Patient

Exam Type: \_\_\_\_\_ Weight: \_\_\_\_\_

Contrast: W/O only: \_\_\_\_\_ W/WO: \_\_\_\_\_ Intra Articular (MR Arthrogram): \_\_\_\_\_  
 Bloodwork required for diabetic patients or those over 60 receiving contrast.

Clinical Data: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Patient's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

PreCert/Authorization: \_\_\_\_\_

Not necessary to schedule appointment. Must be provided before 3:00 PM on the day before patient's appointment.

Workmen's Comp: Insurer's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Adjuster's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Claim #: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Secretary/Asst. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Doctor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Ordering M.D. \_\_\_\_\_ Fax: \_\_\_\_\_

Additional reports to: \_\_\_\_\_

## Midstate Radiology Associates, LLC

*Accurate Diagnosis • Comfortable Environment • Caring People*

### Midstate Medical Center

435 Lewis Avenue • Meriden, CT 06451 • Phone: 203-694-8459 • Fax: 203-694-7631

**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.

### Wallingford Diagnostic Imaging Center

863 North Main Street Ext., Suite 102 • Wallingford, CT 06492 • Phone: 203-694-5453 • Fax: 203-949-2714

**Wilber Cross** to US 5 Exit 66. Turn Left on Colony Rd. Turn Left onto CT 68.  
Turn Right onto Main St. Ext. Turn into the driveway to the Stop & Shop.  
The imaging center is adjacent to the shopping plaza.

### Radiology Associates, Inc.

680 South Main Street • Cheshire, CT 06410 • 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.