



Patient Name: _____ DOB: _____ Phone Number: _____
 Insurance Coverage: _____ Authorization: _____
 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 Prostate with DynaCAD with use of:
 Pelvis UroNav ProFuse ExactVu
 Pancreas/MRCP
 MR Enterography (includes abdomen & pelvis)

PATIENT MUST FAST FOR 4 HOURS

Breast Unilateral Bilateral MRA Brain
 Brain MRV Brain
 Pituitary MRA Abdomen
 Orbits (includes brain) MRA Neck
 Neck MRA Chest
 Chest MR Arthrogram
 Cervical Spine MR Neurography

Thoracic Spine
 Lumbar Spine
 Shoulder RT LT
 Bony Pelvis
 Hip RT LT Bilateral
 Knee RT LT
 Foot (midfoot to forefoot) RT LT
 Ankle (ankle to midfoot) RT LT
 MR other _____ RT LT

PLEASE SPECIFY CONTRAST

Radiologist's discretion Without Without and With

CT

Brain Chest Patella Tracking
 Sinus Chest (high resolution) Foot RT LT
 Face Lung Cancer Screening Initial or Annual Exam (chest) Ankle RT LT
 Dentascan (for implants only) Lung Cancer Screening Follow-up Exam (chest) Shoulder RT LT
 Cervical Spine Calcium Scoring Extremity RT LT
 Thoracic Spine Renal Calculus (includes abdomen & pelvis) 3D Reformatted Images
 Lumbar Spine CT Bone Density (QCT) Specify: _____

Neck CTA Chest (for PE / Aorta)
 Abdomen & Pelvis CTA Chest (pulmonary vein mapping) **PATIENT MUST FAST FOR 2 HOURS**
 Liver CTA Brain
 Pancreas CTA Neck
 Renal Mass CTA Abdomen CTA Coronary
 Abdomen only CTA Abdomen & Pelvis CTA Chest, Abdomen & Pelvis with TAVI
 Pelvis only CTA Upper Extremity
 CT Urogram (abdomen & pelvis, wo/w delayed contrast) CTA (run off) Virtual Colonoscopy Screening Diagnostic
 CT Cystogram
 CT Enterography (includes abdomen & pelvis)
 CT other _____ RT LT

PLEASE SPECIFY CONTRAST

Radiologist's discretion With Without Without and With

IF CONTRAST REQUESTED PLEASE PROVIDE CREATININE LEVEL (If available) _____ Done _____

ULTRASOUND

Abdomen complete (includes kidneys) Bilateral kidneys (retro limited, NO PREP)
 RUQ (abdomen limited includes liver, pancreas, gallbladder, right kidney) Kidneys with renal artery (complete doppler)
 Liver (abdomen limited with complete doppler for cirrhosis) Aorta (retro limited)

PATIENT MUST FAST FOR 6 HOURS

Liver Elastography (with right upper quadrant ultrasound and complete doppler)

Choose one { Transpelvic & Transvaginal (includes uterus and ovaries)
 Transpelvic & Transvaginal (with doppler for torsion)
 Transpelvic only (under the age of 18 only)

OBTA/ OB TV (up to 13 weeks) Bladder (urinary/post void)
 Radiologist's discretion 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

Leg veins (vascular extremity for DVT) RT LT
 Arm veins (vascular extremity for DVT) RT LT
 Extremity nonvascular / groin (hernia/lump, baker's cyst) RT LT
 Thyroid Scrotal (with complete doppler for torsion only)
 Carotid Scrotal
 MSK (please specify) _____
 Other ultrasound exam (please specify) _____
 Radiologist's discretion

BREAST IMAGING

Breast MR (Randall Square only) **DO NOT USE POWDER, PERFUME OR DEODORANT BEFORE THE EXAM. PLEASE BRING ANY PRIOR MAMMOGRAMS TO APPOINTMENT**
 Screening mammogram
 Diagnostic mammogram* (PRN ultrasound) (indicate symptoms)

Breast ultrasound* (indicate symptoms) RT LT Bilateral Ultrasound axillary

*Services provided at Randall Square, Veterans Memorial Parkway, East Greenwich and Johnston only
 Radiologist's discretion

BONE DENSITOMETRY

DEXA **PATIENT SHOULD NOT TAKE ANY CALCIUM TABLETS OR PILLS 24 HOURS PRIOR TO APPOINTMENT**
 Radiologist's discretion

X - RAY OR OTHER PROCEDURE

Abdomen - KUB Elbow Humerus Ribs
 Abdomen - Flat/Upright Facial Bones Knee Ribs with PA Chest
 Ankle Femur Leg-Length Sacrum/Coccyx
 Bone Age Finger (18+ and Johnston only) Scoliosis Screening (Johnston only)
 Calcaneus Forearm Lumbar Spine Shoulder Soft Tissue Neck
 Cervical Spine Foot Nasal Bones SI Joints Thoracic Spine
 Chest Hand Orbits for Foreign Body Sinuses Tibia/Fibula
 Clavicle Hip Pelvis Skull Toe
 Radiologist's discretion RIGHT LEFT BOTH Other _____

Referring Provider's Name: _____ NPI#: _____ Signature: _____
 CC Provider's Name: _____ Date: _____

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

Scan this QR code with your smartphone camera to view our current hours and locations.



	3T MRI	MRI	Open MRI	CT	Screening Mammography	Diagnostic Breast Imaging	Ultrasound	DEXA	X-Ray	Arthrograms / Therapeutic Joint Injections / MSK	Thyroid Biopsy	Breast Biopsy
Barrington 1525 Wampanoag Trail, Suite 101 East Providence, RI 02915	◆			◆	◆		◆	◆	◆			
Cranston 1301 Reservoir Avenue Cranston, RI 02920		◆		◆	◆		◆	◆	◆			
East Greenwich 1351 South County Trail Building 1, Lower Level East Greenwich, RI 02818	◆	◆		◆	◆	◆	◆	◆	◆			◆
Johnston 1526 Atwood Avenue, Lower Level Johnston, RI 02919		◆		◆	◆	◆	◆	◆	◆		◆	◆
Lincoln 6 Blackstone Valley Place Building 5, Suite 506, Lincoln, RI 02865		◆		◆	◆		◆	◆	◆	◆	◆	
North Providence 1500 Mineral Spring Avenue North Providence, RI 02904			◆	◆	◆		◆	◆	◆			
Pawtucket 333 School Street, Suite 105 Pawtucket, RI 02860	◆			◆	◆		◆	◆	◆	◆		
Providence 1 Randall Square, Suite 103 Providence, RI 02904		◆		◆	◆	◆	◆	◆	◆			◆
Warwick 250 Toll Gate Road Warwick, RI 02886	◆			◆	◆		◆	◆	◆			
East Providence (Kettle Point) 1 Kettle Point Avenue Main Entrance East Providence, RI 02914		◆										
East Providence (Vets Parkway) 450 Veterans Memorial Parkway Building 2, Suite 203 East Providence, RI 02914					◆	◆	◆	◆	◆			
Lincoln (Wake Robin) 2 Wake Robin Road, Suite 107 Lincoln, RI 02865							◆		◆			

FULL SERVICE LOCATIONS

LIMITED SERVICE LOCATIONS