



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 RT LT
Hip RT LT Bilateral
Leg RT LT
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)

- Neck Chest CTA Chest (for PE / Aorta)
Abdomen & Pelvis CTA Chest (pulmonary vein mapping)
Liver CTA Brain
Pancreas CTA Neck
Renal Mass CTA Abdomen CTA Coronary
Abdomen only CTA Abdomen & Pelvis CTA Chest, Abdomen
Pelvis only CTA Upper Extremity & Pelvis
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)
Liver Elastography (with right upper quadrant ultrasound and complete doppler)

PATIENT MUST FAST FOR 6 HOURS

- 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	◆			◆	◆		◆	◆	◆			
Cranston 1301 Reservoir Avenue		◆		◆	◆		◆	◆	◆			
Cranston 65 Sockanosset Cross Road		◆		◆	◆		◆	◆	◆			
East Greenwich 1351 South County Trail Building 1, Lower Level	◆	◆		◆	◆	◆	◆	◆	◆	◆		◆
East Providence 1 Kettle Point Avenue Main Entrance		◆										
East Providence 450 Veterans Memorial Parkway Building 2, Suite 203					◆	◆	◆	◆	◆			
Johnston 1526 Atwood Avenue Lower Level		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆
Johnston 1539 Atwood Avenue Lower Level		◆					◆					
Lincoln 6 Blackstone Valley Place Building 5, Suite 506		◆		◆	◆		◆	◆	◆	◆		
North Providence 1500 Mineral Spring Avenue			◆	◆	◆		◆	◆	◆			
Pawtucket 333 School Street Suite 105	◆			◆	◆		◆	◆	◆	◆		
Providence 1 Randall Square Suite 103		◆		◆	◆	◆	◆	◆	◆			◆
Smithfield 41 Sanderson Road Lower Level							◆	◆	◆			
Wakefield 481 Kingstown Road		◆		◆	◆		◆	◆	◆			
Warwick 227 Centerville Road		◆										
Warwick 250 Toll Gate Road	◆			◆	◆		◆	◆	◆			