



Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_ Insurance Coverage: \_\_\_\_\_

Authorization Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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       Rectum

Pelvis       Prostate with DynaCAD with use of:

Pancreas/MRCP       UroNav    ProFuse    ExactVu

MR Enterography (includes abdomen & pelvis)

MR Elastography (includes abdomen)      **PATIENT MUST FAST FOR 4 HOURS**

MRA Abdomen

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**PLEASE SPECIFY CONTRAST**

Radiologist's discretion    Without    Without and With

If contrast is requested, please provide eGFR and Creatinine, if available \_\_\_\_\_ Done \_\_\_\_\_

**CT**

Abdomen & Pelvis wo/w delayed contrast (CT urogram)

Renal Mass protocol (abdomen wo/w delayed contrast)

Renal Mass protocol to include Pelvis (abdomen wo, abdomen and pelvis with delayed contrast)

Adrenal Mass protocol (abdomen wo/w)

Abdomen & Pelvis (with contrast)

Abdomen (with contrast)

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Cystogram      **THE PATIENT MUST HAVE A FOLEY BAG PLACED PRIOR TO THE APPOINTMENT. REMOVAL OF FOLEY BAG MUST TAKE PLACE AT REFERRING OFFICE (NOT RIMI).**

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Abdomen & Pelvis (w/o contrast)

Renal Stone protocol (abdomen and pelvis w/o contrast)

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Radiologist's discretion

**ULTRASOUND**

Abdomen complete (includes kidneys)      **PATIENT MUST FAST FOR 6 HOURS**

Bilateral kidneys (retro limited, NO PREP)

Kidneys with renal artery (complete doppler)      **HOURS**

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Bladder (urinary/post void)      **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**

Bilateral kidneys and bladder

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Extremity nonvascular/groin (hernia)    RT    LT

Scrotal

Scrotal (with complete doppler for torsion only)

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Radiologist's discretion

**GENERAL X-RAY OR OTHER PROCEDURE**

KUB

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OTHER EXAM

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Referring Provider's Name: \_\_\_\_\_ NPI#: \_\_\_\_\_

Signature: \_\_\_\_\_

CC Provider's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Attention:**

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
<b>Barrington</b> 1525 Wampanoag Trail Suite 101	◆			◆	◆		◆	◆	◆			
<b>Cranston</b> 1301 Reservoir Avenue		◆		◆	◆		◆	◆	◆			
<b>Cranston</b> 65 Sockanosset Cross Road		◆		◆	◆		◆	◆	◆			
<b>East Greenwich</b> 1351 South County Trail Building 1, Lower Level	◆	◆		◆	◆	◆	◆	◆	◆	◆		◆
<b>East Providence</b> 1 Kettle Point Avenue Main Entrance		◆										
<b>East Providence</b> 450 Veterans Memorial Parkway Building 2, Suite 203					◆	◆	◆	◆	◆			
<b>Johnston</b> 1526 Atwood Avenue Lower Level		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆
<b>Johnston</b> 1539 Atwood Avenue Lower Level		◆					◆					
<b>Lincoln</b> 6 Blackstone Valley Place Building 5, Suite 506		◆		◆	◆		◆	◆	◆	◆		
<b>North Providence</b> 1500 Mineral Spring Avenue			◆	◆	◆		◆	◆	◆			
<b>Pawtucket</b> 333 School Street Suite 105	◆			◆	◆		◆	◆	◆	◆		
<b>Providence</b> 1 Randall Square Suite 103		◆		◆	◆	◆	◆	◆	◆			◆
<b>Smithfield</b> 41 Sanderson Road Lower Level							◆	◆	◆			
<b>Wakefield</b> 481 Kingstown Road		◆		◆	◆		◆	◆	◆			
<b>Warwick</b> 227 Centerville Road		◆										
<b>Warwick</b> 250 Toll Gate Road	◆			◆	◆		◆	◆	◆			