



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

PLEASE SPECIFY CONTRAST

Radiologist's discretion Without Without and With

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)

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).**

Abdomen & Pelvis (w/o contrast)

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

Radiologist's discretion

*If patient has a pacemaker please refer to the hospital.
 Patient has stimulator. Please provide make and model:

If contrast is requested for MR or CT, please provide eGFR and Creatinine, if available: _____

ULTRASOUND

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

Bilateral kidneys (retro limited, NO PREP)

Kidneys with renal artery (complete doppler)

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

Extremity nonvascular/groin (hernia) RT LT

Scrotal

Scrotal (with complete doppler for torsion only)

Radiologist's discretion

GENERAL X-RAY OR OTHER PROCEDURE

KUB

OTHER EXAM

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
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	◆			◆	◆		◆	◆	◆			