



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) Navigo

MR Elastography (Includes Abdomen) **PATIENT MUST FAST FOR 4 HOURS**

MRA Abdomen

PLEASE SPECIFY CONTRAST

Radiologist's Discretion Without Without and With

CT

Urogram Protocol (Abdomen & Pelvis WO/With Delayed Contrast)

Renal Mass Protocol (Abdomen WO/With Delayed Contrast)

Renal Mass Protocol Including Pelvis (Abdomen WO, Abdomen & Pelvis With Delayed Contrast)

Adrenal Mass Protocol (Abdomen WO/With Contrast)

Adrenal Mass Protocol (Abdomen & Contrast With Radiologist's Discretion)

Abdomen (With Contrast)

Abdomen & Pelvis (With Contrast) **NO PREP NEEDED**

Abdomen & Pelvis (WO Contrast)

Renal Stone Protocol (Abdomen & Pelvis WO Contrast)

Ultra-Low Dose Renal Stone Protocol (Abdomen & Pelvis WO Contrast) **ULTRA-LOW DOSE PATIENTS MUST HAVE BMI <35. EXAM IS ONLY FOR PATIENTS WITH CHRONIC RENAL STONE DISEASE.**

Radiologist's Discretion

***IF PATIENT HAS PACEMAKER, REFER TO THE HOSPITAL**
***IF PATIENT HAS STIMULATOR, PROVIDE MAKE AND MODEL**

***IF IV CONTRAST IS REQUESTED FOR MR OR CT EXAMS**
PLEASE PROVIDE eGFR AND CREATININE, IF AVAILABLE:

ULTRASOUND

Abdomen Complete (Includes Kidneys) **PATIENT MUST FAST FOR 6 HOURS**

Bilateral Kidneys (Retro Limited, NO PREP NEEDED)

Kidneys and Renal Artery (With Complete Doppler)

Bladder (Urinary and 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 (With Complete Doppler for Torsion Only)

Scrotal

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	1.5T MRI	1.2T Open MRI	CT	3D Screening Mammography	Diagnostic Breast Imaging	Breast Biopsy	Thyroid Biopsy	Ultrasound	DEXA (Bone Density)	Therapeutic Joint Injections / MSK	X-Ray (Walk-In)
Barrington 1525 Wampanoag Trail Lower Level, Suite 101	◆			◆	◆				◆	◆		◆
Cranston 1301 Reservoir Avenue Main Entrance			◆	◆	◆				◆	◆		◆
Cranston 65 Sockanosset Cross Road Main Entrance, First Floor		◆		◆	◆				◆	◆		◆
East Greenwich 1351 South County Trail Building 1, Main Entrance	◆	◆		◆	◆	◆	◆		◆	◆		◆
East Providence 1 Kettle Point Avenue Main Entrance, First Floor		◆										
East Providence 450 Veterans Memorial Parkway Building 2, Main Entrance					◆	◆				◆		
Johnston 1526 Atwood Avenue Lower Level, Suites LL1 and LL3		◆		◆	◆	◆	◆	◆	◆	◆		◆
Johnston 1539 Atwood Avenue Lower Level, Suite LL1		◆							◆			
Lincoln 6 Blackstone Valley Place Building 5, Suite 506		◆		◆	◆				◆	◆	◆	◆
North Providence 1500 Mineral Spring Avenue Main Entrance			◆	◆	◆				◆	◆		◆
Pawtucket 407 East Avenue Suites 120A and 120B	◆	◆		◆	◆	◆	◆		◆	◆	◆	◆
Pawtucket 333 School Street Lower Level, Suite 105	◆											
Smithfield 41 Sanderson Road Lower Level, Suite 109				◆	◆				◆	◆		◆
Wakefield 481 Kingstown Road Lower Level		◆		◆	◆				◆	◆		◆
Warwick 250 Toll Gate Road Main Entrance	◆			◆	◆				◆	◆		◆