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MAIN STREET RADIOLOGY

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PATIENT _____ DATE OF BIRTH _____ DATE _____

HISTORY/REASON FOR EXAM _____ ICD CODE _____

AUTHORIZATION # _____ DOCTOR _____

MAGNETIC RESONANCE IMAGING (MRI)

(Western Queens, Flushing and 32nd Ave. Offices Only)

OPEN MRI 3T
 WITH GADOLINIUM WITHOUT GADOLINIUM

BUN _____ CREAT _____

BRAIN (routine)

- | | |
|--|--|
| <input type="checkbox"/> IAC | <input type="checkbox"/> Cerebral |
| <input type="checkbox"/> Orbits | <input type="checkbox"/> Vertebrbasilar |
| <input type="checkbox"/> Pituitary | <input type="checkbox"/> Carotid (neck) |
| <input type="checkbox"/> Seizure | <input type="checkbox"/> Thoracic Aorta |
| <input type="checkbox"/> Trigeminal | <input type="checkbox"/> Renal Arteries |
| <input type="checkbox"/> MR Spectroscopy | <input type="checkbox"/> SMA/Celiac |
| <input type="checkbox"/> Perfusion/Diffusion | <input type="checkbox"/> Aortoiliac |
| <input type="checkbox"/> Diffusion Only | <input type="checkbox"/> Claudication (abdominal, pelvis, & lower extremity) |

- CERVICAL SPINE
- THORACIC SPINE
- LUMBAR SPINE
- Post-op
- LS Plexus
- Soft Tissue Neck
- TMJ
- CHEST
- BREAST
- BRACHIAL PLEXUS
- ABDOMEN (routine)

- | | | | |
|--|-----------------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> Liver | <input type="checkbox"/> Hand | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Kidneys | <input type="checkbox"/> Shoulder | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Adrenals | <input type="checkbox"/> Elbow | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> Pancreas | <input type="checkbox"/> Wrist | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> MRCP | <input type="checkbox"/> Hip | <input type="checkbox"/> R | <input type="checkbox"/> L |
| <input type="checkbox"/> MR Urogram (abdominal & pelvis) | <input type="checkbox"/> Knee | <input type="checkbox"/> R | <input type="checkbox"/> L |
| | <input type="checkbox"/> Ankle | <input type="checkbox"/> R | <input type="checkbox"/> L |
| | <input type="checkbox"/> Achilles | <input type="checkbox"/> R | <input type="checkbox"/> L |
| | <input type="checkbox"/> Foot | <input type="checkbox"/> R | <input type="checkbox"/> L |

- EXTREMITY
- Hand R L
- Shoulder R L
- Elbow R L
- Wrist R L
- Hip R L
- Knee R L
- Ankle R L
- Achilles R L
- Foot R L
- MRV
- Dural Sinus
- IVC
- Upper Extremity
- Lower Extremity
- Portal/Mesenteric
- Scrotum
- Urethra
- OTHER (specify) _____

WOMEN'S IMAGING

(Western Queens, Flushing and Bayside Offices Only)

- MAMMOGRAM
- Screening R L
- Diagnostic R L
- 3D Mammogram if needed
- Ultrasound if needed
- DXA Bone Density
- BREAST MRI With Without *(Western Queens, Flushing and 32nd Ave. Offices)*
- BREAST 3D TOMOSYNTHESIS
- BREAST PROCEDURES
- Stereotactic Breast Biopsy
- Ultrasound Guided Core Biopsy
- ULTRASOUND
- Screening Breast R L
- Diagnostic R L
- Pelvic (Endovaginal if needed)
- Endovaginal
- Pelvic and Endovaginal
- Obstetrical
- OTHER _____

MULTI DETECTOR COMPUTED TOMOGRAPHY (CT)

(Western Queens, Flushing and 32nd Ave. Offices Only)

WITH IV CONTRAST WITHOUT IV CONTRAST

BUN _____ CREAT _____

BRAIN

- ORBITS
- SINUSES
- FACIAL BONES
- TEMPORAL BONES
- DENTA-SCAN
- Maxilla
- Mandible
- Soft Tissue Neck
- CERVICAL SPINE
- THORACIC SPINE
- LUMBAR SPINE
- CHEST (routine)
- CT Bronchoscopy
- High Resolution
- Low-dose Protocol
- Nodule Protocol
- ABD./PELVIS (routine)
- Flank Pain (stone protocol)
- Appendix
- Colonography
- Hematuria
- CT Urogram
- Small Bowel CT
- ABDOMEN (routine)
- Liver 3 Phase
- Pancreas
- Kidney
- Adrenal
- PELVIS
- EXTREMITY
- Scanogram
- OTHER (specify) _____

CT ANGIO

- Cerebral
- Carotid
- Pulmonary
- Pulmonary with Legs
- Enfire Aorta
- Aortoiliac (AAA)
- Renal
- SMA/Celiac

GENERAL RADIOLOGY (X-RAY)

(Western Queens, Flushing and Bayside Offices Only)

- SKULL
- FACIAL BONES
- SINUSES
- ORBITS
- NASAL BONES
- CHEST
- RIBS R L
- ABDOMEN
- Flat/Upright
- KUB
- PELVIS
- C-SPINE
- T-SPINE
- L-SPINE
- SCOLIOSIS
- NECK (soft tissue)
- DXA Bone Density
- OTHER _____
- BONE AGE
- CLAVICLE R L
- SHOULDER R L
- HUMERUS R L
- ELBOW R L
- FOREARM R L
- WRIST R L
- HAND R L
- FINGER R L
- HIP R L
- FEMUR R L
- KNEE R L
- TIB/FIB R L
- ANKLE R L
- FOOT R L
- TOE R L
- BONE SURVEY

PET/CT SCAN

(32nd Avenue Office)

- 78815 SKULL BASE TO MID THIGH
- 78816 BONE PET
- 78608 BRAIN
- 78816 WHOLE BODY (MELANOMA)

NUCLEAR MEDICINE

(Western Queens and 32nd Avenue Office Only)

- BONE
- Whole Body
- 3 Phase Area
- Appropriate X-ray
- SPECT
- GALLIUM
- HIDA
- LIVER-SPLEEN
- MECKEL'S SCAN
- RENAL
- With Lasix
- With Captopril
- OTHER _____
- THYROID
- Uptake
- Scan
- PARATHYROID
- OCTREOTIDE
- SPECT BRAIN SCAN
- CARDIAC
- Myocardial Perfusion
- Exercise
- Pharmacologic
- Resting MUGA

ULTRASOUND/DOPPLER

(Western Queens, Flushing and Bayside Offices Only)

- ABDOMEN
- ABDOMEN/ELASTOGRAPHY
- ELASTOGRAPHY
- RENAL
- PELVIC (Endovaginal if needed)
- Endovaginal
- Pelvic and Endovaginal
- MALE PELVIC
- OBSTETRICAL
- DOPPLER
- LOWER EXTREMITY VEINS
- UPPER EXTREMITY VEINS
- UMBILICAL ARTERY
- TESTICULAR
- OTHER _____
- BREAST R L
- THYROID
- PARATHYROID
- PROSTATE
- TESTICULAR
- AORTA
- CAROTIDS
- LIVER
- RENAL
- OVARIES

FLUOROSCOPY (GI/GU)

(Western Queens, Flushing and Bayside Offices Only)

- ESOPHAGRAM
- UPPER GI SERIES
- INTRAVENOUS PYELOGRAM (IVP)
- OTHER _____
- SMALL BOWEL
- BARIUM ENEMA