



RADIOLOGY ASSOCIATES of HARTFORD, P.C.

www.rahxray.com

Early, Late and Saturday Hours available.

APPOINTMENT DATE \_\_\_\_\_
APPOINTMENT TIME \_\_\_\_\_ AM/PM

SCHEDULING INFORMATION

Phone: 860.714.2RAH (2724) Fax: 860.714.8808

- Avon 35 Nod Rd. Suite 101
Enfield 9 Cranbrook Blvd. Suite 102
Glastonbury 31 Sycamore St. Suite 102

Patient Name \_\_\_\_\_ Patient Phone \_\_\_\_\_ DOB \_\_\_\_\_

Insurance \_\_\_\_\_ Insurance ID # \_\_\_\_\_

Call patient to schedule appt? [ ] yes [ ] no Phone # \_\_\_\_\_ Pre Certification # \_\_\_\_\_ Group NPI 194 223 4893

Referring MD \_\_\_\_\_ Referring MD Phone \_\_\_\_\_ cc: \_\_\_\_\_

CLINICAL INFORMATION (please specify signs/symptoms)

Referring Physician Signature (required) \_\_\_\_\_

Give patient [ ] CD [ ] Films [ ] Wet Reading

- Does the patient have impaired renal function? [ ] yes [ ] no
Serum Creatinine (required for CT patients over 60 years old or diabetic)
Glomerular Filtration Rate (GFR) (required for MRI w/contrast patients over 60 yrs old or diabetic)
Is patient diabetic? [ ] yes [ ] no
Previous reaction to contrast? [ ] yes [ ] no
Does patient have any allergies? [ ] yes [ ] no
Is patient pregnant? [ ] yes [ ] no
Is patient taking blood thinners? (e.g. Coumadin, Aspirin, Plavix, etc.) [ ] yes [ ] no
Previous films? [ ] yes [ ] no

EXAMS

- MRI [ ] WITHOUT IV CONTRAST [ ] WITH IV CONTRAST [ ] WITHOUT AND WITH IV CONTRAST
[ ] Head [ ] Shoulder [ ] Breast [ ] C-Spine [ ] L-Spine [ ] Wrist [ ] Hip [ ] Pelvis [ ] Prostate
[ ] Knee [ ] Extremity \_\_\_\_\_

- MRA [ ] Head [ ] Neck [ ] Carotid [ ] Renal

- CT [ ] Head [ ] Endoscopic Sinus CT [ ] Sinus [ ] Chest [ ] Neck [ ] L-Spine [ ] Abdomen [ ] Calcium Scoring
[ ] Abdomen/Pelvis [ ] Pelvis [ ] Upper Extremity \_\_\_\_\_ [ ] Lower Extremity \_\_\_\_\_ [ ] Other \_\_\_\_\_

- CTA [ ] Head [ ] Neck [ ] Chest [ ] Abdomen [ ] Pelvis [ ] Abd/Pelvis w/runoff [ ] Abd/Pelvis [ ] Other \_\_\_\_\_

- ULTRASOUND [ ] Thyroid [ ] Aorta [ ] Carotid Doppler [ ] Thyroid Biopsy [ ] Arterial Duplex to Include ABI Study
[ ] Pulmonary Venous Mapping [ ] Abdomen [ ] Pregnancy [ ] (1st trimester) [ ] Pelvis [ ] Renal
[ ] Testicular [ ] Transvaginal [ ] Deep Venous Leg [ ] Other \_\_\_\_\_

- WOMEN'S IMAGING [ ] Diagnostic Mammogram [ ] Screening Mammogram [ ] Implants [ ] Breast Biopsy
[ ] Diagnostic Ultrasound [ ] Screening/Reflex Ultrasound [ ] Bone Density

- THE VEIN GROUP [ ] Evaluate for Venous Insufficiency [ ] Interventional Consult (please check one): [ ] Avon [ ] Enfield
[ ] Glastonbury [ ] Saint Francis Hospital

- BONE DENSITY [ ] Hip and Spine

- DIGITAL X-RAY [ ] Chest PA & LAT [ ] Abdomen [ ] Shoulder [ ] C-Spine [ ] T-Spine [ ] L-Spine [ ] Hip ( [ ] L [ ] R)
[ ] Pelvis [ ] Knee ( [ ] L [ ] R) [ ] Sunrise View [ ] Ankle ( [ ] L [ ] R) [ ] Foot ( [ ] L [ ] R)
[ ] Hand ( [ ] L [ ] R) [ ] Wrist ( [ ] L [ ] R) [ ] Arthrogram with MRI / Specify Joint \_\_\_\_\_
[ ] Other \_\_\_\_\_

## PATIENT PREPARATION INSTRUCTIONS

Please follow preps carefully to insure an accurate exam. Diabetic patients should not take insulin if fasting is required. Photo identification is required for your exam.

- ❑ **DIGITAL MAMMOGRAPHY:** DO NOT apply any powders, deodorant, ointments to the underarm area or breast area on the day of the exam. If you experience breast tenderness prior to or during menstruation, try to schedule a routine mammogram at a more comfortable time during your cycle. Wear a two-piece outfit.

## ULTRASOUND

- ❑ **GALL BLADDER OR ABDOMEN:** Patient should be fasting for eight (8) hours prior to the exam.
- ❑ **PELVIS AND PREGNANCY (UP TO 6 MONTHS):** 1 1/2 hours before exam, go to the bathroom, then drink 32 oz. (four (4) 8 oz. glasses) of liquid. All fluids must be completed 1 hour before appointment. DO NOT use the bathroom until after the ultrasound has been completed.
- ❑ **BONE DENSITOMETRY:** No preparation necessary. Wear comfortable clothing, NO zippers or snaps - a sweatsuit is ideal.

## CT SCAN

- ❑ **CHEST, HEAD OR NECK:** Nothing to eat for four (4) hours prior to the exam.
- ❑ **ABDOMEN AND PELVIS:** Nothing to eat or drink four (4) hours prior to the exam. All CT exams scheduled with contrast include drinking one (1) bottle of CT Redicat one (1) hour prior to the exam; therefore we ask that you arrive at our office one (1) hour prior to your appointment.
- ❑ **EXTREMITIES, SINUSES AND SPINE:** No preparation necessary.

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## DIRECTIONS

### ❑ **Avon** 35 Nod Road 06001

**From East of Hartford:** Route I-84 West through Hartford to Exit 39 (Farmington). Follow Route 4 West one mile to Route 10 North. Travel North on Route 10 for five miles to the intersection of Routes 10 & 44. Go straight through light onto Nod Road.

**From North of Hartford:** Route 91 South to Bradley International Airport exit 40. Take Route 20 West to Routes 10 & 202 South to Route 44 East. Nod Road is eight-tenths of a mile on the left at the junction of Routes 44 East and 10.

**From South of Hartford:** Follow I-84W to Exit 39 (Farmington). Follow Route 4 West one mile to Route 10 North. Travel North on Route 10 for five miles to the intersection of Routes 10 & 44. Go straight through light onto Nod Road.

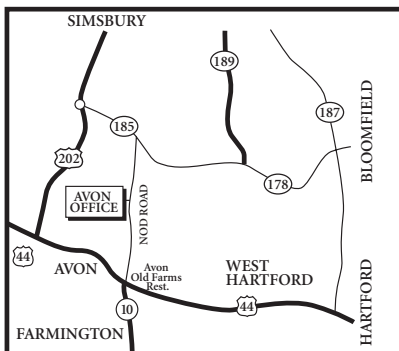
### ❑ **Enfield** 9 Cranbrook Blvd 06082

**From 91 North & South:** Take Exit 47E and take a right onto Hazard Avenue. Follow Hazard Avenue to fourth traffic light (Olive Garden restaurant on left). Take left onto Freshwater Boulevard. Take first right onto Cranbrook Boulevard. Enfield center will be on right. From parking lot go to front lobby.

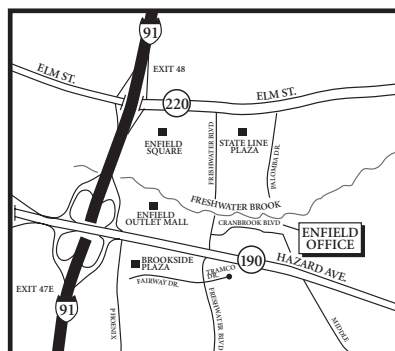
### ❑ **Glastonbury** 31 Sycamore Street 06033

**From I-84:** Take Route 2E to Exit 8. At the end of the exit, go straight through lights onto Sycamore St. Take first left into Sycamore Commons (just behind Berkshire Bank/CBT Region). Blue building, first floor.

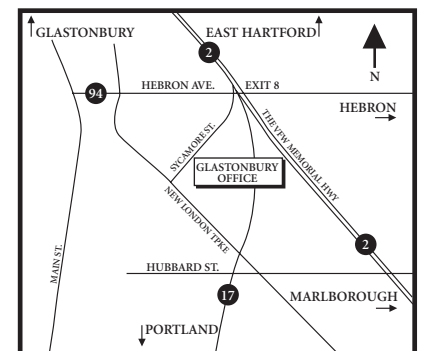
**From 2 West:** Take Exit 8. Make a right onto Oak Street and a quick left at the light onto CT-94/Hebron Avenue. Continue to follow Hebron Avenue .4 miles. Turn left onto Sycamore Street. Take first left into Sycamore Commons.



Avon



Enfield



Glastonbury