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(ITY WIDE HEALTH FACILITY. INC. RADIOLOGY DEPARTMENT



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PLEASE OBTAIN NECESSARY AUTHORIZATION TO AVOID DELAYS

PATIENT'S NAME_____ DATE____ DATE OF BIRTH _____ DATE____

HISTORY

REASON FOR EXAM ______ REFERRING DOCTOR _____

□ Stat Examination Patient to Return with □ Films □ CD Phone #

MRI information: MRI is contraindicated in patients with Pacemakers, Ear Implants, Cerebral Aneurysm Clips and Metal in Eyes. Etc. CT information: BUN_____/CREATININE_____Date of Blood Work_

Asthma, Allergy or Diabetic patients needing contrast, please alert our office when making your appointment.

OPEN MRI	SPIRAL CT MULTISLICE	GENERAL RADIOLOGY/ DIGITAL XRAY	ULTRASOUND
w/o &w/b	with w/o & w/o	Rt. Lt.	□ Abdomen Complete
□ Brain □ □ □ Brain/Pituitary □ □	Brain D	Skull 🗆 🗆	· · ·
Brain/IACs		☐ Orbits □ Facial Bones	□ Retroperitonial
\Box Brain/MRV \Box \Box		□ Pacial Bolles	□ Pelvis (Male, Female)
□ Orbits □ □	□ Orbits □ □	□ Paranasal Sinuses	Transabdomen
□ Sinuses □ □ □ TMJ □ □	Temporal Bones/IAC	□ Nasopharynx/STIM □ Cervical Spine	Transvaginal
□ Neck-Soft Tissue □ □	Sinuses	☐ Thoracic Spine	Musculoskeletal
□ Brachial Plexus □ □		🗌 🗖 Spine/Pelvis	□ Shoulder □BiL □ Rt. □ Lt.
□ Cervical Spine □ □	││ □ Neck-Soft Tissue □ □	☐ Pelvis ☐ Sacrum/Coccyx	□ Knee □BiL □ Rt. □ Lt.
□ Thoracic Spine □ □ □ Lumbar Spine □ □	Chest	🗆 SI Joints	🗆 Breast 🗆 BiL 🗆 Rt. 🗆 Lt.
	Abdomen 🗆 🗆	☐ Scoliosis Series ☐ Shoulder □	🗆 Gyn
\square MRCP \square \square	□ Pelvis □ □	🗖 Scapula 🛛 🗆 🗆 🗌 🗌 🗌 🗌 🗌 🗌 🗌 🗌 🗌 🗌 🗌 🗌 🗌	□ Thyroid
□ Abdomen □ □		│ □ Clavicle □ □ │ □ Chest PA/LAT	□ Scrotum/Testicle
□ Pelvis □ □ □ Prostate Gland □ □	□ Cervical Spine □ □	□ Ribs □ □ □	
□ Prostate Gland □ □	□ Thoracic Spine □ □	│ □ Sternum │ □ Arm/Humerus □ □	□ Other
EXTREMITIES _{Rt.} Lt.	II ·	□ Elbow □ □	COLOR DOPPLER
□ Shoulder □ □		│ □ Forearm □ □ │ □ Wrist □ □	
	□ Upper extremity □ □		Echocardiogram Complete
□Wrist □ □ □Hand □ □	\square Lower extremity \square	Finger D	🗆 Carotid
	$\square \square Other \square \square$	□ Abdomen-KUB □ Abdomen-Flat/Upright	□ Abdominal Aorta
□ Knee □ □		□ Hip □ □	□ Lower Extremity
□ Ankle □ □	DEXA	☐ Femur □ □ □ Knee □ □	
□ Foot □ □		🔲 🗆 Tibia/Fibula 🛛 🗖	□ Arterial □ Bil. □ Rt. □ Lt.
□ Other □ □	Bone Densitometry	□ Ankle □ □ □ Heel/Calcaneous □ □	🗆 Venous 🗆 Bil. 🗆 Rt. 🗆 Lt.
	^[] Vertebral Fracture	□ Foot □ □	Renal Artery
· · ·	Assessment	□ Toe □ □ □ Other □ □	□ Other
□ Brain MRA (Circle of Willis) □ Neck MRA (Carotid)		□ Toe □ □ □ Other □ □	□ Other

PREPARATION for DIAGNOSTIC PROCEDURES

The following simple instructions have been prepared for your convenience. Your physician will check off the appropriate procedures. **Please follow these instructions carefully so that the procedures do not have to be repeated.** Please call us if you have any questions.

SONOGRAM (Ultrasound)



Abdonimal Ultrasound

(Gallbladder, Liver, Pancreas, Spleen, etc.)

For Morning Examination: Do not eat, smoke or drink anything after midnight or on the morning of your examination. **For Afternoon Examination:** You may have a clear liquid breakfast but absolutely nothing to eat or drink for at least 6 hours prior to your exam.

Kidney (Renal) Ultrasound

Eat normally with this exam and drink 4 glasses of water just prior to the exam.

Obstetrical (Pregnancy) / Pelvic Ultrasound

Drink at least 32 oz. of liquid at least 1 hour before the exam. Do not go to the bathroom as you must have a full bladder for this exam otherwise your may be delayed. Patients who are in the third trimester of pregnancy need only drink 16 oz. of fluid.

Biophysical Profile (BPP)

Eat normally with this exam and drink 2 glasses of water just prior to the exam.

MRI (Magnetic Resonance Imaging)

There is no preparation required for this painless noninvasive procedure. Patients are welcome to bring along a cassette or CD to listen to, while undergoing the procedure or you can select one from our tape library.

Spiral CTScanning (Cat Scan)

For any CT examination contrast, do not eat or drink anything for four hours before the test. No bowel prep is needed.

Directions: City Wide Health Facility, Inc. Radiology Department

By Bus:

B82, B6 to Kings Highway and Bay Parkway (Kings Highway between Bay Parkway and Stillwell Avenue).

By Train:

N train to Kings Highway station.

D train to Bay Parkway station. Transfer to B82, B6. F train to Kings Highway station. Transfer to B 82. B82, B6 to Kings Highway and Bay Parkway (Kings Highway between Bay Parkway and Stillwell Avenue).

By Car:

From Manhattan: Take the Brooklyn Battery Tunnel, bear left onto the Prospect Expressway, Prospect Expressway becomes Ocean Parkway, continue on Ocean Parkway, turn SLIGHT RIGHT onto BAY PKWY, turn SLIGHT LEFT onto STILLWELL AVE, turn RIGHT onto KINGS HWY, end at 105 Kings Hwy.

From Staten Island: Cross Verrazano Bridge, take the Belt Parkway East, Exit 5, turn LEFT onto BAY PKWY, turn RIGHT onto KINGS HWY, end at 105 Kings Hwy.

