

<input type="checkbox"/> Fairfield 1055 Post Road Fairfield, CT 06824	<input type="checkbox"/> Orange 297 Boston Post Road Orange, CT 06477 (X-Ray, U/S, Arthro ONLY)	<input type="checkbox"/> Shelton 4 Corporate Dr. Suite 182 Shelton, CT 06484	<input type="checkbox"/> Stamford 1259 East Main Street Stamford, CT 06902	<input type="checkbox"/> Stratford 2876 Main St. Stratford, CT 06614	<input type="checkbox"/> Trumbull 15 Corporate Dr. Trumbull, CT 06611	<input type="checkbox"/> Wilton 30 Danbury Road Wilton, CT 06897
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Patient Name _____

DOB _____ Preferred Phone # _____

Patient Email _____

Appt. Date/Time _____

Insurance _____

ID# _____

Prior Auth Req.? No Yes Auth.# _____

AFTER HRS/STAT CALL BACK # _____

Referring Practitioner (please print)

Name _____

Phone # _____

Signature _____

Date _____ CC: _____

CDS Code _____ **HCPCS Mod.** _____

G-Code _____

With Contrast
 Without Contrast
 With AND Without Contrast

Signs and Symptoms _____

ICD-10 Codes _____

Rule out / History of / Question of _____

Mammography

Bilateral Left Right

Screening 3D Mammo: Excl. Shelton & Orange

Diagnostic 3D Mammogram
Trumbull, Stamford, Wilton ONLY

Stereotactic Breast Biopsy: Trumbull ONLY

Bilateral Left Right

Approval of add'l diagnostic mammogram, ultrasound, image-guided biopsy or cyst aspiration, as indicated by the Radiologist, for the left, right or bilateral breasts.

Breast Ultrasound

Bilateral Left Right

Screening: Trumbull, Stamford, Wilton ONLY

Diagnostic: Trumbull, Stamford, Wilton ONLY

US-Guided Cyst Aspiration:
Stamford, Trumbull, Wilton ONLY

US-Guided Breast Biopsy
Stamford, Trumbull, Wilton ONLY

Breast MRI

Fairfield, Stamford, Trumbull, Wilton ONLY

Bilateral Left Right

MRI-Guided Breast Biopsy

Fast Breast MRI (SELF-PAY ONLY)

Bone Densitometry

DEXA: Trumbull, Stamford, Stratford, Wilton ONLY

Diagnostic X-Ray

Skull

Cervical Spine

Thoracic Spine

Lumbar Spine

Scoliosis Series: EXCL. Shelton, Orange

Sinuses

Chest

Ribs

Abdomen

Pelvis

Extremity: Left Right (Please specify)

Metastatic Series

Other: (Please specify)

Ultrasound

Abdomen

Abdomen w/Elastography

Aorta

Appendix

Inguinal Hernia

Umbilical Hernia

Retroperitoneal (Kidneys)

Extremity (Non-vascular)

Bilateral Left Right

Scrotum

Thyroid

Soft Tissue Neck

Thyroid FNA

Pelvic:

Transabdominal

Transvaginal

Doppler:

Carotid

Venous Extremity - DVT

Bilateral Left Right

Arm Leg

Arterial Extremity

Bilateral Left Right

Arm Leg

Abdominal

Mesenteric Ischemia

Renal Artery Stenosis

Pediatric:

Spine

Hips

Brain

Pylorus

Appendix

Fluoroscopy Trumbull ONLY

Upper GI Series

Small Bowel Series

Esophagram

Other: (Please specify)

CT Scan Excluding Wilton and Orange

Neuro:

Brain

Neck

Orbits

Temporal Bones

Sinuses:

Full (Coronal and Axial)

Limited

Spine: 3D

Cervical

Thoracic

Lumbar

Chest:

Chest

Lung Screen

CTPA Pulmonary Embolism Protocol

High Res (Interstitial Lung Disease)

Calcium Score: Stamford, Shelton, Trumbull ONLY

Coronary CTA: Shelton ONLY

Abdomen / Pelvis:

Abdomen and Pelvis

Volumen (CT Enterography)

Hematuria Protocol 3D

Liver Mass Protocol

Abdomen Only

Pelvis Only

Urinary Stone Localization

Extremities

Left Right 3D

AAA Protocol

CTA _____

Runoff

Other: (Please specify)

Nuclear Medicine

Trumbull ONLY

Bone Scan - Whole Body

Bone Scan - Three Phase

Gastric Emptying

HIDA Scan

HIDA Scan with CCK

Liver/Spleen Scan

Hemangioma Scan

Lung Scan V/Q

Parathyroid Scan

I-123 w/Uptake Thyroid Scan

Technetium Thyroid Scan

I-123 Whole Body Scan

I-131 Whole Body Scan

I-131 Thyroid Treatment

Renal Scan - Split Function

Renal Scan with Lasix

Renal Scan with Vasotec (hypertension)

Renal DMSA Scan

MUGA Scan

Gallium Scan

Infection Imaging - WBC Scan

Infection Imaging - WBC/Marrow Scan

Inium III - WBC Scan

Octreotide Scan

MIBG Scan

Single Bone/Joint (Specify body part)

High Field Wide-Bore MRI Centers
 Fairfield

 1055 Post Rd.
Fairfield, CT 06824

 Orange

 297 Boston Post Rd.
Orange, CT 06477

 Trumbull

 15 Corporate Dr.
Trumbull, CT 06611

 Stamford

 1259 East Main St.
Stamford, CT 06902

 Wilton

 30 Danbury Rd.
Wilton, CT 06897

 Shelton

 4 Corporate Dr.
Suite 182
Shelton, CT 06484

 Stratford

 2876 Main St.
Stratford, CT 06614

High Field MRI Centers
Patient Name _____

DOB _____ Preferred Phone # _____

Patient Email _____

Appt. Date/Time _____

Insurance _____

ID# _____

 Prior Auth Req.? No Yes Auth.# _____

AFTER HRS/STAT CALL BACK # _____

Referring Practitioner (please print)

Name _____

Phone # _____

Referring Signature _____

Date _____ CC: _____

 Without Contrast
 With AND Without Contrast

Lab Values for Contrast Exams:

 eGFR _____

 Lab: _____

Date _____

 Height _____ Weight _____ Sex: M F **Claustrophobic**

Implanted Medical Devices (please specify) _____

Manufacturer and Model No. _____

Pertinent History / Special Instructions _____

Signs and Symptoms _____

ICD-10 Codes _____

Of clinical importance:

Rule out / History of / Question of _____

Brain

-
- Brain
-
-
- Spectroscopy

NeuroQuant:

-
- Brain w/ and w/o
-
-
- Brain w/o

Head and Neck

-
- Orbits
-
-
- Soft Tissue Neck/Parotid
-
-
- Brachial Plexus:
-
- Right
-
- Left
-
-
- Other: (Please specify)

Spine

-
- Cervical Spine
-
-
- Thoracic Spine
-
-
- Lumbar Spine
-
-
- Total Spine Series
-
-
- Lumbosacral Plexus

Body

-
- Abdomen: (specify) _____
-
-
- Abdomen w/MRCP
-
-
- Chest: (specify) _____
-
-
- Pelvis: (specify) _____
-
-
- MRCP
-
-
- Prostate (3T Preferred)
-
-
- Enterography: w/ and w/o contrast

Breast MRI

-
- Bilateral

MRA Studies

-
- Head: Circle of Willis
-
- (High Field Preferred)
-
-
- MRV Head
-
-
- Neck: Carotid
-
- (w/ and w/o Preferred)
-
-
- Chest
-
-
- Renal
-
-
- Run-Off
-
-
- Other: (Please specify)

Musculoskeletal System
 ARTHROGRAM REQUESTED

-
- Shoulder:
-
- Right
-
- Left
-
-
- Elbow:
-
- Right
-
- Left
-
-
- Wrist:
-
- Right
-
- Left
-
-
- Hand:
-
- Right
-
- Left
-
-
- Fingers:
-
- Right
-
- Left
-
-
- Hip:
-
- Right
-
- Left
-
-
- Knee:
-
- Right
-
- Left
-
-
- Ankle: (to include hind/mid foot)
-
-
- Right
-
- Left
-
-
- Ankle: (to include Achilles)
-
-
- Right
-
- Left
-
-
- Foot: (to include metatarsals/toes)
-
-
- Right
-
- Left
-
-
- Upper Extremity Other Than Joint:
-
-
- Right
-
- Left

Please Check If Applicable:

-
- Acute Stroke
-
-
- Cranial Nerve
-
-
- Seizure
-
-
- Pituitary
-
-
- IAC / Post Fossa
-
-
- NPH / Dementia
-
-
- MS
-
-
- Myelopathy
-
-
- Acute Trauma
-
-
- Metastasis
-
-
- Compression Fracture

 (Please specify body part)

-
- Lower Extremity Other Than Joint:
-
-
- Right
-
- Left

 (Please specify body part)

-
- Other: (Please specify)



PLEASE NOTE: All PET/CT studies are performed at 15 Corporate Drive, Trumbull, CT 06611.
Our PET/CT scanner uses non-diagnostic, low-dose CT for attenuation correction and anatomic localization.

All orders must be signed by the ordering practitioner. Copies of both sides of the patient's insurance cards must be faxed with this order before an appointment can be scheduled. Advanced Radiology will contact the patient and physician after insurance confirmation to schedule the appointment and provide additional instructions.

Patient Name
Male Female DOB
Preferred Phone #
Appt. Date/Time
AFTER HOURS/STAT CALL BACK #

Referring Practitioner (please print)
Name
Phone #
Referring Signature
Date CC:

Primary Insurance/ID#
Pre-Cert. Req.? No Yes Pre-Cert.#

Secondary Insurance/ID#
Pre-Cert. Req.? No Yes Pre-Cert.#

Patients's Clinical History:

[Blank lines for clinical history]

Patient's Signs and Symptoms:

[Blank lines for signs and symptoms]

Where? Side of interest?
Right Left Bilateral RUQ LUQ RLQ LLQ N/A

Of clinical importance: Rule out / History of / Question of:
[Blank lines]

ICD-10 Codes:

[Blank lines for ICD-10 codes]

PET/CT Reason:

Cancer Type:
[Blank line]

Please indicate Initial or Subsequent
Initial:
PET/Non-diagnostic Computed Tomography (CT) to inform the initial treatment strategy of tumors that are biopsy-proven or strongly suspected of being cancerous based on other diagnostic testing.

Subsequent:
PET/Non-diagnostic Computed Tomography (CT) to inform the subsequent treatment strategy of cancerous tumors when the beneficiary's treating physician determines that the PET study is needed to inform subsequent anti-tumor strategy.

Please Select Imaging

- 78608 - Brain, Seizure
78814 - 78816 (Carrier dependent) Infection / Inflammation (Vasculitis)
78814 Amyvid
78815 - Skull to Mid-Thigh
Pulmonary Nodule Evaluation
PSMA
78816 - Whole Body (Melanoma/ Myeloma)
Other: (Please specify)

Is the patient diabetic?

Yes
Type 1 Type 2 Unknown
No

Is the patient on insulin?

Yes
What Type?
No

Is the patient on metformin?

Yes
No

What is the patient's morning glucose level?

[Blank line]

Medication History

- Recent Chemotherapy
Date
Radiation
Date
Prior Surgery
Date
Facility
Prior Biopsy
Date
Facility
Colony Stimulating Factor Therapy
Date
Steroid Use
Date
Newpogen
Date
Neulasta
Date



Call to Schedule an Appointment: 203.337.XRAY (9729)
 Fax: 203.337.9730 Online: Orders.AdRad.com
 Tax ID #06-1614148

CT Low Dose Lung Screening

CT Lung Screens are performed at the following Advanced Radiology clinical locations:

- Fairfield**
1055 Post Road
Fairfield, CT 06824
- Shelton**
4 Corporate Dr.
Suite 182
Shelton, CT 06484
- Stamford**
1259 East Main Street
Stamford, CT 06902
- Stratford**
2876 Main St.
Stratford, CT 06614
- Trumbull**
15 Corporate Dr.
Trumbull, CT 06611

Patient (please print)

Name _____

Male Female DOB _____

Preferred Phone # _____

Referring Practitioner (please print)

Name _____

Phone # _____

NPI # _____

Referring Signature

Date _____ CC: _____

Initial Lung Screening

For Initial Lung Screenings: Beneficiary must receive a written order for LDCT lung cancer screening during a lung cancer screening counseling and shared decision making visit, furnished by a physician or qualified non-physician practitioner (physician assistant, nurse practitioner, or clinical nurse specialist).

Subsequent/Annual Lung Screening

For Subsequent/Annual Lung Screenings: Beneficiary must receive a written order for LDCT lung cancer screening, which may be furnished during any appropriate visit with a physician or qualified non-physician practitioner (physician assistant, nurse practitioner, or clinical nurse specialist). **For Lung-RAD 1 or 2 patients ONLY.**

The Centers for Medicare & Medicaid Services (CMS) has determined that the evidence is sufficient to add a lung cancer screening counseling and shared decision-making visit, and for appropriate beneficiaries, annual screening for lung cancer with low dose computed tomography (LDCT), as an additional preventive service benefit under the Medicare program **only if all of the following criteria are met:**

- Diagnosis Code ICD-10 Z87.891**
Personal history of nicotine dependence
- Patient is between 55 and 77 years of age**
- Patient is currently a smoker**
- Patient has quit smoking within the last _____ years**
(must be 15 years or less)
- Patient has a minimum 30 pack/year smoking history:**
Packs/Day (20 cigarettes/pack) _____ X Years _____ =
Pack Years _____
- The patient is asymptomatic**
(no signs or symptoms of lung cancer)

A lung cancer screening counseling and shared decision-making visit must include the following, which must also be documented in the patient's medical history:

- Determination of beneficiary eligibility including age, absence of signs or symptoms of lung cancer, a specific calculation of cigarette smoking pack-years; and if a former smoker, the number of years since quitting
- Shared decision making, including the use of one or more decision aids, to include benefits and harms of screening, follow-up diagnostic testing, over-diagnosis, false positive rate, and total radiation exposure
- Counseling on the importance of adherence to annual lung cancer LDCT screening, impact of comorbidities, and ability or willingness to undergo diagnosis and treatment
- Counseling on the importance of maintaining cigarette smoking abstinence if former smoker; or the importance of smoking cessation if current smoker and, if appropriate, furnishing of information about tobacco cessation interventions
- If appropriate, the furnishing of a written order for lung cancer screening with LDCT; Written orders for both initial and subsequent LDCT lung cancer screenings must contain the following, which must also be documented in the patient's medical record:
 - Beneficiary's date of birth
 - Actual pack/year smoking history number
 - Current smoking status and/or number of years since quitting
 - Confirmation that patient is asymptomatic
 - NPI of the referring practitioner

PREPARING FOR YOUR VISIT

When you schedule your appointment, you will receive information about any preparation that is specific to your exam. Please bring this prescription and arrive 15 minutes before your scheduled appointment. Late arrival may mean cancellation of your appointment. If you must cancel, please do so a minimum of 24 hours prior to your appointment time.

Please be sure to bring the following:

Photo ID

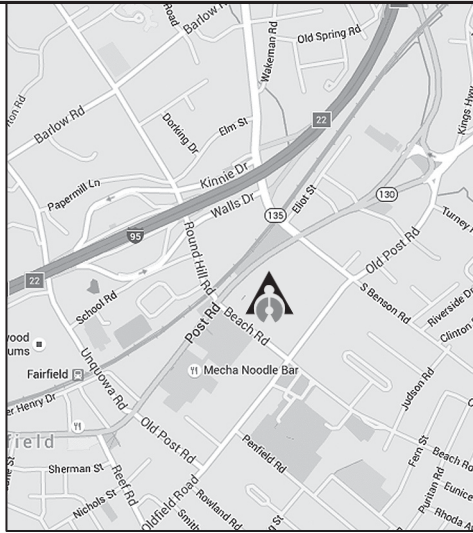
Insurance information: Please bring your insurance card or proof of insurance coverage. In order to bill your insurance carrier(s) for services rendered, we will need the name of the carrier (company), their complete mailing address, your policy's group number, and your personal identification number. If you are covered by Medicare or Medicaid, please bring the appropriate card.

Medications: Please bring a list of all medications and dosages, including all over the counter medicines you currently use.

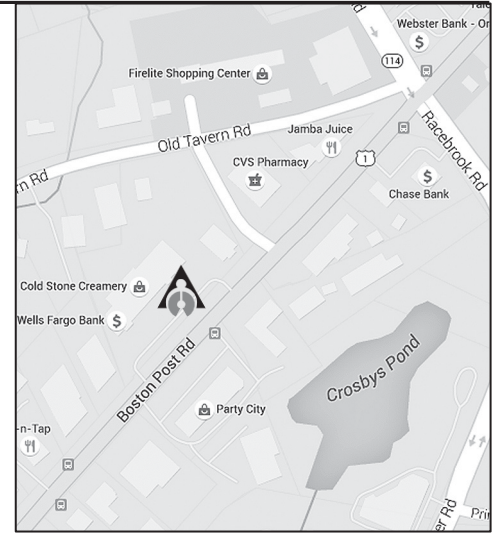
Prior Imaging: If you have had any relevant prior imaging performed anywhere other than Advanced Radiology, please bring the images to your appointment. This includes mammograms.

Payment: You will be responsible for services not covered by insurance, including co-pays. Advanced Radiology accepts cash, check, or major credit card (MasterCard, Visa, or American Express).

Advanced Radiology complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.



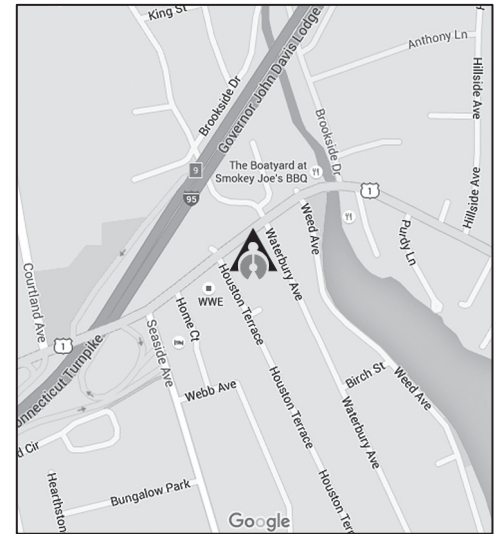
Fairfield
1055 Post Road



Orange
297 Boston Post Road



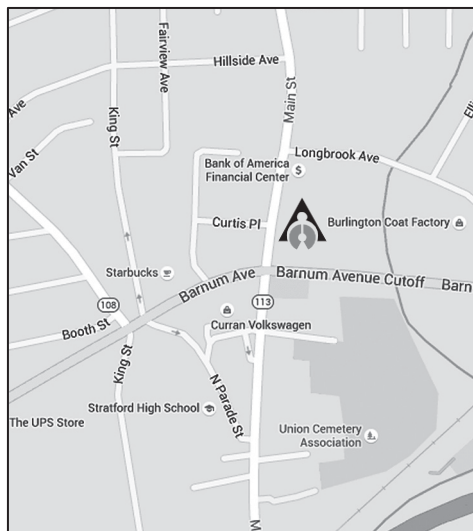
Shelton
4 Corporate Drive



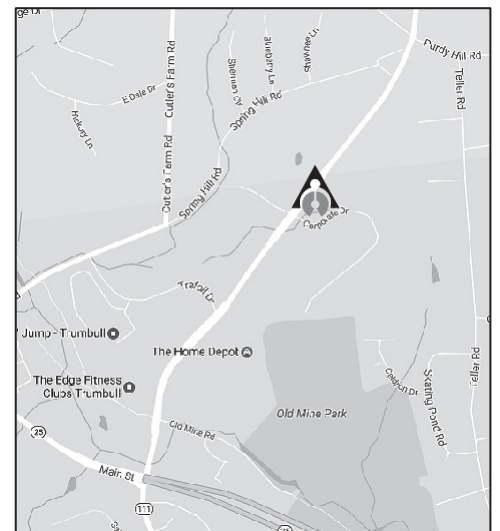
Stamford
1259 East Main Street



Wilton
60 Danbury Road



Stratford
2876 Main Street



Trumbull
15 Corporate Drive