



**MAMMO  
U/S, CT**

**Central Scheduling: 203.337.XRAY (9729)**

**Fax: 203.337.9730**

**AdRad.com**

**Online: Orders.AdRad.com**

**Tax ID #06-1614148**

<input type="checkbox"/> <b>Fairfield</b> 1055 Post Road Fairfield, CT 06824	<input type="checkbox"/> <b>Orange</b> 297 Boston Post Road Orange, CT 06477 (X-Ray, U/S, Arthro ONLY)	<input type="checkbox"/> <b>Shelton</b> 4 Corporate Dr. Suite 182 Shelton, CT 06484	<input type="checkbox"/> <b>Stamford</b> 1259 East Main Street Stamford, CT 06902	<input type="checkbox"/> <b>Stratford</b> 2876 Main St. Stratford, CT 06614	<input type="checkbox"/> <b>Trumbull</b> 15 Corporate Dr. Trumbull, CT 06611	<input type="checkbox"/> <b>Wilton</b> 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** \_\_\_\_\_ **HCCPS 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**
- ☐ **Low Dose 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)**
- \_\_\_\_\_

## 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**

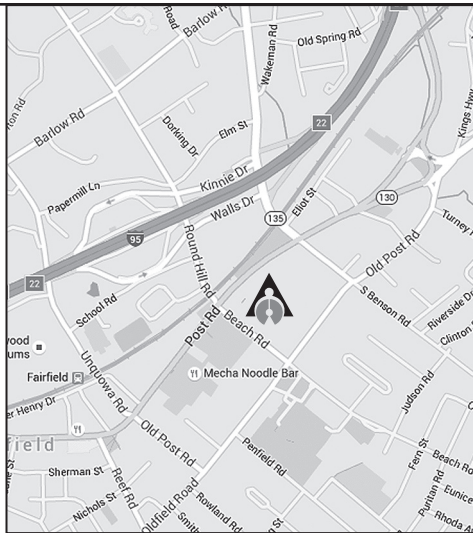
**■ Insurance information:** Please bring your insurance card or proof of insurance coverage. In order to bill your insurance carrier(s) for services rendered, we will need the name of the carrier (company), their complete mailing address, your policy's group number, and your personal identification 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.

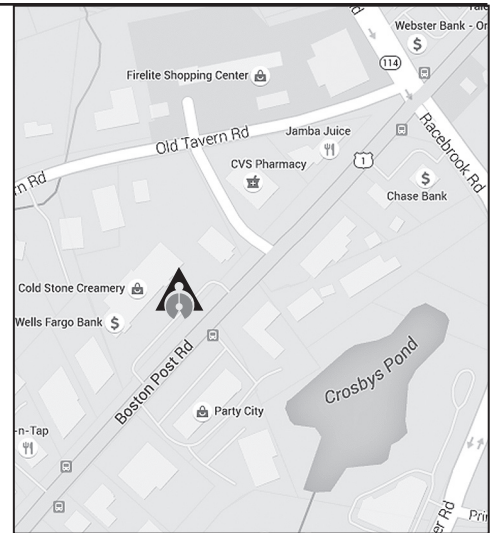
**■ Prior Imaging:** If you have had any relevant prior imaging performed anywhere other than Advanced Radiology, please bring the images to your appointment. This includes mammograms.

**■ 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.**



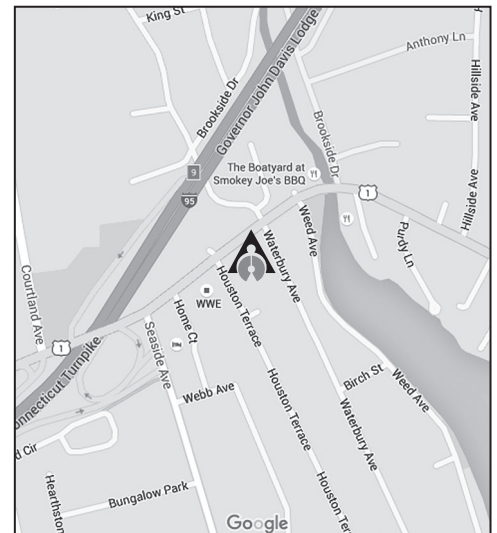
**Fairfield**  
1055 Post Road



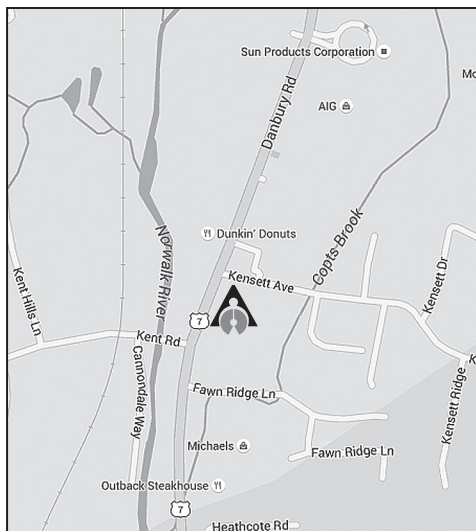
**Orange**  
297 Boston Post Road



**Shelton**  
4 Corporate Drive



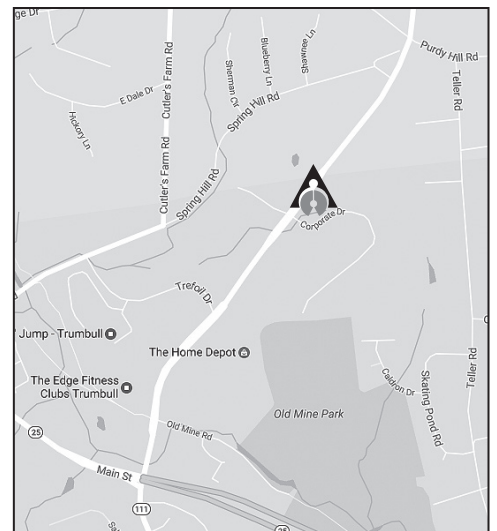
**Stamford**  
1259 East Main Street



**Wilton**  
30 Danbury Road



**Stratford**  
2876 Main Street



**Trumbull**  
15 Corporate Drive