

Call for Appointments
Phone: 212-860-3500



MADISON
Avenue Radiology Center

Fax: 212-860-3531

OUR 3D MAMMOGRAM DETECTS 40% MORE CANCERS. ALSO ASK US OUR ABOUT OUR OVAL MRI

PATIENT NAME _____ DATE _____

DATE OF BIRTH _____ REASON FOR EXAM / DIAGNOSIS _____

PHYSICIAN'S NAME _____ TELEPHONE _____

PHYSICIAN'S SIGNATURE _____

I hereby certify that the exam(s) ordered on this form is/are medically necessary to manage the care of the patient.

- BRONX 3RD AVE.** - 3055 3RD AVENUE, BRONX, NY 10451 (3RD AVENUE & 156TH STREET)
- HARLEM** - 1820 MADISON AVENUE, NEW YORK, NY 10035 (118TH STREET & MADISON AVENUE)
- WASHINGTON HTS. 152** - 3672 BROADWAY, NEW YORK, NY 10031 (152ND STREET & BROADWAY)
- WASHINGTON HTS. 190** - 4448 BROADWAY, NEW YORK, NY 10040 (NEXT TO 190TH STREET SUBWAY STATION ENTRANCE ON BROADWAY)

3D TOMO Digital Mammo

- Screening G0202/77052
- Diagnostic G0204/77051
- Unilateral G0206/77051 RT LT
- 3D Tomo Synthesis
Unilateral/Bilateral 77061/77062

CT/MR ARTHROGRAM

- Shoulder Wrist
- Elbow Hip / Knee / Ankle

OPEN MRI / EXTREMITY MRI / HIGH FIELD 1.5T MRI

WWOC/WOC

- HEAD**
- Brain (routine) 70553/70551
- IAC'S (with & without) 70553/70551
- Orbits (optic nerve) 70543/70540
- Pituitary Gland (w/wo contrast) 70553 /70551
- Sinuses / Face 70543/70540

WWOC/WOC

- SPINE**
- Cervical Level: _____ 72156/72141
- Thoracic Level: _____ 72157/72146
- Lumbar Level: _____ 72158/72148
- Pelvic Bone (sacrum) 72197/72195

WWOC/WOC

- NECK/CHEST/BODY**
- Neck (soft tissue) 70543/70540
- Mediastinal Masses

WWOC/WOC

- ABDOMEN** 74183/74181
- Liver w/wo contrast
- Adrenal Gland
- Renal (cyst differentiation)
- MR Urogram (no contrast)
- Pancreas

WWOC/WOC

- PELVIS** 72197/72195

WITH AND WITHOUT CONTRAST WITHOUT CONTRAST

DEXA

- Bone Denistometry 77085
- Vertebral Fracture Assessment 77086

BIOPSY

- Thyroid
- Breast
Ultrasound Guided
Stereotactic Mammo Guided

Sonography

- Right Upper Quadrant (Liver)76705
- Kidneys 76770
- Abdomen/Retroperitoneum 76700
- Female Pelvis/Transabdomen/Transvaginal 76856/76830
- OB Sono 1st Trimester 76801
- OB Sono Fetal Anatomic Survey 76811
- Male Pelvis/Trans-Abdominal 76856
- Thyroid w/Color Mapping 76536
- Breast Unilateral includes axilla 76641
- Breast Unilateral no axilla -limited 76642
- Testicular w/Doppler Analysis / Scrotum 76870
- Extremity 76882
- Other _____

Vascular Doppler

- LE (Lower Extremity) Arterial - bilateral / Extremity 93925
- LE - Arterial - Unilateral / Extremity 93926
- UE - (Upper Extremity) - Arterial - Bilateral / Extremity 93930
- UE - Arterial - Unilateral / Extremity 93931
- LE - Venous - Bilateral / Extremity 93970
- LE - Venous - Unilateral / Extremity 93971
- Carotid 93880
- Abdominal Vasculature 93979
- Other _____

CT-SCAN BUN CREAT

	16 Slice	with & w/o	w/o
WWOC/WOC			
<input type="checkbox"/> Brain	<input type="checkbox"/> 70470	<input type="checkbox"/> 70450	
<input type="checkbox"/> Pituitary	<input type="checkbox"/> 70470	<input type="checkbox"/> 70450	
<input type="checkbox"/> Orbits	<input type="checkbox"/> 70482	<input type="checkbox"/> 70480	
<input type="checkbox"/> Temporal Bones/IAC	<input type="checkbox"/> 70482	<input type="checkbox"/> 70480	
<input type="checkbox"/> Sinuses	<input type="checkbox"/> 70488	<input type="checkbox"/> 70486	
<input type="checkbox"/> Neck-Soft Tissue	<input type="checkbox"/> 70492	<input type="checkbox"/> 70490	
<input type="checkbox"/> Abdomen	<input type="checkbox"/> 74170	<input type="checkbox"/> 74150	
<input type="checkbox"/> Abd/Pelvis	<input type="checkbox"/> 74178	<input type="checkbox"/> 74176	
<input type="checkbox"/> Abd/Pelvis contrast only	<input type="checkbox"/> 74177		
<input type="checkbox"/> Chest	<input type="checkbox"/> 71270	<input type="checkbox"/> 71250	
<input type="checkbox"/> Pelvis	<input type="checkbox"/> 72194	<input type="checkbox"/> 72192	
<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> 72127	<input type="checkbox"/> 72125	
<input type="checkbox"/> Thoracic Spine	<input type="checkbox"/> 72130	<input type="checkbox"/> 72128	
<input type="checkbox"/> Lumbar Spine	<input type="checkbox"/> 72133	<input type="checkbox"/> 72131	
<input type="checkbox"/> Extremities _____			

CT-Angiogram BUN CREAT

- CTA Head 70496
- CTA Neck Carotid 70498
- CTA Chest 71275
- CTA Abdomen Aorta 74175
- CTA Pelvis 72191
- CTA Upper Extremity 73206
- CTA Lower Extremity 73706
- CTA Aorta-iliofemoral Runoff 75635

General Radiology
Digital X-ray

- Skull 70250
- Orbits 70200 RT LT
- Facial Bones 70150
- Nasal Bones 70160
- Paranasal Sinuses 70220
- Nasopharynx/Soft Neck Tissue AP/LAT 70360
- Cervical Spine 72040
- Thoracic Spine 72070
- Lumbar Spine/Pelvis 72100
- Pelvis AP/LAT 72170
- Sacrum/Coccyx 72220
- SI Joints 72202
- Shoulder 73030 RT LT
- Scapula 73010 RT LT
- Clavicle 73000 RT LT
- Chest PA/LAT 71020
- Ribs 71110/71100 RT LT
- Bilateral/Unilateral
- Sternum 71120
- Arm/Humerus 73060 RT LT
- Elbow 73070 RT LT
- Forearm 73090 RT LT
- Wrist 73110 RT LT
- Hand 73130 RT LT
- Finger 73140 RT LT
- Abdomen - KUB 74000
- Abdomen - Flat/Upright 74020
- Hip 73520/73510 RT LT
- Bilateral/Unilateral
- Knee 73565/73564 RT LT
- Bilateral/Unilateral
- Tibia/Fibula 73590 RT LT
- Ankle 73610/73600 RT LT
- Bilateral/Unilateral
- Heel/Calcaneous 73650 RT LT
- Foot 73630 RT LT
- Toe 73660 RT LT
- Skeletal Survey 77075
- Scoliosis Series 72090
- Other _____

PATIENT INSTRUCTIONS

MRI

If you have these, please let us know:

- Surgical vascular clips • Neurostimulators • Cochlear Implants • Breast Tissue Expander IVC Filter • Penile Implants • Pacemaker • Silver backed dermal patches.

PATIENTS WITH PACEMAKERS, CEREBRAL ANEURYSM CLIPS CANNOT HAVE AN MRI EXAM PERFORMED.

CT SCAN:

For contrast administration please supply Bun/Creat levels and inform us if you are diabetic and take Glucophage or Glucovance

CT INFORMATION:

BUN _____ CREAT _____ Date of Blood Work _____

Asthmatic or Allergic Patients, please premedicate.

Diabetic Patient needing contrast, please alert our office at the time of your appointment.

MAMMOGRAM:

Do not use powder, deodorant or perfume on the underarms or breast area on the day of exam.
Bring previous mammogram films.

DEXA:

No calcium pills, vitamins with calcium or dairy products on day of exam.
No nuclear medicine studies or contrast studies day before exam.

DIRECTIONS

HARLEM

1820 Madison Avenue New York 10035
Tel 212-860-3500 • Fax 212-860-3531

Car: Travel to 118th Street and Madison Avenue.

Metro North:

Exit at 125th Street Station. Walk to 118th Street and Madison Avenue

Subway: #2, #3 to 116th Street and Lenox Avenue;
#4, #5 to 125th Street and Lexington Avenue;
#6 to 116th Street and Lexington Avenue.
Walk to 118th Street and Madison Avenue.

Bus: M1 to Mad/Fifth Avenue; M102, M116 to 116th and Madison Avenue;
M101, M103 to 118th and 3rd Avenue or Lexington Avenue;
M60, M100, M101, BX15 to 125th Street and Madison Avenue.
Walk to 118th Street and Madison Avenue.

WASHINGTON HEIGHTS (152ND ST.)

Train: Take the 1 train to either 145th street or 157th street and walk up to 152nd and Broadway.
We are on the North east corner.

Bus: take 4 or 5 which stops right in front of the office, or 100 or 101 which stops one block from the office.

WASHINGTON HEIGHTS (190TH ST.)

Train: Take the 1 train to 191st St. station.
Bus: Take M100 and get off at Broadway & W. 189th St. Stop.

BRONX 3RD AVENUE

BUS: Take the BX55 bus to 156th Street/3rd Ave.

TRAIN: Take the 2 Train to 149th Street and 3rd Ave.
Walk north to 156th Street and 3rd Avenue.