TEL: 212.879.4488 | FAX: 212.737.5917 | TEXT: 212.879.6001 | RX@ACCELERAD.CO

PRECISION ACCELERAD
WWW.ACCELERAD.CO

REF DR: PHONE #:

REF DR ADDRESS:

REF DR SIGNATURE:

☐STAT REPORT ☐IMAGES ON CD ☐ONLINE ACCESS ☐FAX: ____________________

☐ NF ☐ WC ☐ LIEN ☐ SELF PAY ☐ PRIVATE INS ☐ MC **DOI:**______________

INSURANCE NAME:____

APPT. DATE/TIME: ____________________ CLAIM# / PRECERT/REF #'S / ATTNY:____________________________________

PATIENT NAME: DATE ISSUED:

DOB: PHONE #:

HISTORY/CLINICAL INFO:

MRI

☐**CLOSED 1.5T MRI** ☐**OPEN MRI** ☐**3T MRI**

I.V. CONTRAST: GFR ________________________________

NEURO	**W/O**	**W/C**	**W & W/O**
CERVICAL SPINE	☐72141	☐72142	☐72156
THORACIC SPINE	☐72146	☐72147	☐72157
LUMBAR SPINE	☐72148	☐72149	☐72158
BRAIN	☐70554	☐70552	☐70553
PITUITARY	☐70551	☐70552	☐70553
IACs	☐70551	☐70552	☐70553
ORBITS, FACE	☐70540	☐70542	☐70543
SINUSES	☐70540	☐70542	☐70543
TMJ	☐70336		
BRACHIAL PLEXUS	☐70540	☐70542	☐70543
MRA BRAIN	☐70544	☐70545	☐70546
MRA CAROTID	☐70547	☐70548	☐70549
BODY			
CHEST (CLAVICLE)	☐71550	☐71551	☐71552
PELVIS (ORTHO)	☐72195	☐72196	☐72197
ABDOMEN	☐74181	☐74182	☐74183
EXTREMITIES			
SHOULDER RT LF	☐73221	☐73222	☐73223
HUMERUS RT LF	☐73218	☐73219	☐73220
ELBOW RT LF	☐73221	☐73222	☐73223
FOREARM RT LF	☐73218	☐73219	☐73220
WRIST RT LF	☐73221	☐73222	☐73223
HAND RT LF	☐73218	☐73219	☐73220
FINGER RT LF	☐73218	☐73219	☐73220
Specify__________			
HIP RT LF	☐73721	☐73722	☐73723
THIGH RT LF	☐73718	☐73719	☐73720
KNEE RT LF	☐73721	☐73722	☐73723
LOWER LEG RT LF	☐73718	☐73719	☐73720
ANKLE RT LF	☐73721	☐73722	☐73723
FOOT RT LF	☐73718	☐73719	☐73720
TOE RT LF	☐73718	☐73719	☐73720
Specify__________			

OTHER:____

CT

I.V. CONTRAST: CREAT________________________________

	W/O	W/C
CERVICAL SPINE w/3D	☐72125+76376	☐72126+76376
THORACIC SPINE w/3D	☐72128+76376	☐72129+76376
LUMBAR SPINE w/3D	☐72131+76376	☐72132+76376
NECK SOFT TISSUE w/3D	☐70490+76376	☐70492+76376
BRAIN w/3D	☐70450+76376	☐70460+76376
ORBITS w/3D	☐70480+76376	☐70481+76376
TEMPORAL BONES/IAC w/3D	☐70480+76376	☐70481+76376
SINUSES w/3D	☐70486+76376	☐70487+76376
CHEST w/3D	☐71250+76376	☐71260+76376
PELVIC BONES w/3D	☐72192+76376	☐72193+76376
ABDOMEN w/3D	☐74150+76376	☐74160+76376
JOINT or EXTREMITY		

Specify____

OTHER:____

MRI ARTHROGRAM

US GUIDED: Please indicate body part:

ULTRASOUND

Please indicate body part:

X-RAYS

☐CHEST
☐ *PA* ☐ *PA/LAT* ☐ *OTHER*__________
☐ABDOMEN
☐ *FLAT* ☐ *ERECT* ☐ *DECUB*
☐PELVIC AP
☐HEAD
☐ *SKULL* ☐ *SINUS* ☐ *ORBITS*
☐FACIAL BONES
☐ *NASAL BONES* ☐ *MANDIBLE*
☐CERVICAL SPINE
☐ *2 VIEWS* ☐ *4 VIEWS* ☐ *STANDING* ☐ *FLEX/EXT*
☐THORACIC
☐ *STANDING*
☐LUMBAR SPINE
☐ *2 VIEWS* ☐ *4 VIEWS* ☐ *STANDING* ☐ *FLEX/EXT*
☐SCOLIOSIS SERIES
☐AC JOINTS
☐RIBS ☐R ☐L ☐B

☐CLAVICLE	☐R	☐L	☐B
☐SCAPULA	☐R	☐L	☐B
☐SHOULDER	☐R	☐L	☐B
☐HUMERUS	☐R	☐L	☐B
☐ELBOW	☐R	☐L	☐B
☐FOREARM	☐R	☐L	☐B
☐WRIST	☐R	☐L	☐B
☐HAND	☐R	☐L	☐B
☐FINGER	☐R	☐L	☐B
☐HIP	☐R	☐L	☐B
☐FEMUR	☐R	☐L	☐B
☐KNEE	☐R	☐L	☐B
☐TIB-FIB	☐R	☐L	☐B
☐ANKLE	☐R	☐L	☐B
☐FOOT	☐R	☐L	☐B

☐TOE ____________________
☐WEIGHTBEARING ☐Yes ☐No
☐OTHER: ____________________

NOTES & RULE OUTS:

If you would like to view your patient's images online please visit:* ***AcceleRad.co/pacs* *Please call or email for login info.*

Please fax all Referrals to 646-905-0981 at time of scheduling the appointment. We require a copy of referral, prior to patient arrival.

Email Referrals to: RX@ACCELERAD.CO

CALL US AFTER HOURS @ 212-879-4488 - Press 6

LOCATIONS & DIRECTIONS

☐ UPPER EAST SIDE - 3T MRI

170 EAST 77TH STREET
NEW YORK, NY 10075

The facility is located at 170 East 77th Street, between Lexington and 3rd Avenue in Manhattan.

6 Train to 77th Street. Walk half a block east.

M79 Bus to 3rd Ave. or Lexington Ave. Walk 2 blocks to 77th Street. We are btw Lexington & 3rd Ave

M103 Bus to 77th Street. Walk half a block. We are btw Lexington & 3rd Ave

Meter, Garage, and Street Parking available on the block.

☐ BRONX THROGGSNECK - 1.5T MRI

3620 EAST TREMONT AVENUE
BRONX, NY 10465

The facility is located on East Tremont Avenue between Phillip Ave & Lafayette Ave.

We are conveniently located blocks from the **Cross Bronx Expy**, the **Throggs Neck Expy** and **i95.**

The **Bx40** and **Bx42** buses stop right outside our front door which can be accessed from many subway lines.

☐ MAIN OFFICE

222 EAST 68TH STREET, 3RD FLOOR
NEW YORK, NY 10065

The Main office is located on 68th Street bewtween 3rd and 2nd Avenues.

☐ MADISON AVENUE - 1.5T MRI, XRAY, CT

1820 MADISON AVENUE
NEW YORK, NY 10035

The facility is located on Madison Avenue, Between 118th &119th streets in Manhattan.

We are conveniently located 3 blocks from the **6 Train** and 3 blocks from the **2 & 3 trains**

2 blocks from the **M116 & M102 buses** and the **M1 Bus** stops right in front of our facility. We have a **CitiBike station** around the corner should you chose to ride.

Metered parking surrounds the area, along with multiple covered garages.

☐ SOUTH BRONX - OPEN MRI, XRAY, CT

3055 3RD AVENUE
BRONX, NY 10468

The facility is located on 3rd Avenue between 156th and 157th Streets.

Take the **2 Train** or **5 Train** to the **3rd Ave-E149th Street Subway stop** or the **Bx15, Bx21** and **Bx45 buses** which are within a block of our site.

Meter, Garage, and Street Parking available in the area

☐ NOTES:

EXAM PREPARATIONS

- **Continue taking any prescription medications, which may be taken with a few sips of water prior to the exam.**
- **Please be sure you have your referral or prescription from your doctor, as well as a Photo ID.**
- **Wear comfortable clothing and DO NOT wear earrings, hairpins or jewelry.**

MRI/MRA

This exam may not be performed if you have a c**ardiac pacemaker, cerebral aneurysm clips** or a **metallic hearing implant.**

If you are a **sheet metal worker, have been shot,** or have ever had **metal fragments,** an x-ray must be taken prior to your MRI/MRA exam.

If you are receiving **IV CONTRAST** for your exam, have nothing to eat 1 hour prior to your exam. You may drink clear liquids (example: water, ginger ale, apple juice).

CT SCAN

CT Scans are done at our Manhattan location.

If you have a history of asthma, an allergy to iodine, or are currently taking medication for diabetes, please notify our staff.

If you are receiving IV CONTRAST or ORAL CONTRAST for your exam, have nothing to eat 1 hour prior to your exam.

You may drink clear liquids (example: water, ginger ale, apple juice).

If you have questions about these instructions or directions, please call us before your appointment.
Please give 24 hour notice to cancel or reschedule your appointment.