OCEAN RADIOLOGY

3049 OCEAN PARKWAY, SUITE 101, 1ST FLOOR, BROOKLYN, NY 11235
TEL. 718-265-1000, FAX 718-265-1002, www.oceanradiology.com

Patient's Name: _____

Referring Physician: _____

Physician's Phone: ( ) _____

Physician's Signature: _____

Clinical History & Reason for Study

_____

_____

Creatinine: _____ BUN: _____ ❑ STAT

NEW GENERATION 1.5T MRI

CARDIAC MRI

- ○ Structure / Function
- ○ Adenosine Perfusion

VASCULAR MRA

- ○ Brain
- ○ Carotids
- ○ Thoracic Aorta MRA
- ○ Upper Extremity ❑ R ❑ L
- ○ Abdominal Aorta / Renal MRA
- ○ Abd Aorta & Both Lower Extremities MRA
- ○ Time Resolved MRA of: _____

CONVENTIONAL MRI

Contrast ○ Yes ○ No ○ Radiologist Discretion

Head
- ○ Brain
- ○ Pituitary Gland
- ○ Internal Auditory Canal
- ○ Orbits
- ○ Sinuses
- ○ Temporal Mandibular Joint
- ○ CSF Flow Study

Spine
- ○ Cervical
- ○ Thoracic
- ○ Lumbar
- ○ Sacrum
- ○ Coccyx

Abdomen
- ○ Abdomen Survey
- ○ Liver
- ○ Pancreas
- ○ Kidney
- ○ Adrenals
- ○ MRCP

Neck
- ○ Neck Soft Tissue

Thorax
- ○ Breast
- ○ Chest

Pelvis
- ○ Female Pelvis

Extremity(s) and or Joint(s)

○ Hand	❑ R	❑ L	○ Hip	❑ R	❑ L
○ Wrist	❑ R	❑ L	○ Upper Leg	❑ R	❑ L
○ Forearm	❑ R	❑ L	○ Knee	❑ R	❑ L
○ Elbow	❑ R	❑ L	○ Lower Leg	❑ R	❑ L
○ Upper Arm	❑ R	❑ L	○ Ankle	❑ R	❑ L
○ Shoulder	❑ R	❑ L	○ Foot	❑ R	❑ L

Other

○ _____

ULTRASOUND

Abdomen
- ○ Complete
- ○ Right Upper Quadrant
- ○ Renal
- ○ Urinary bladder
- ○ Aorta

Pelvic
- ○ Transabdominal
- ○ Endovaginal
- ○ Obstetric
- ○ Carotid
- ○ Other _____
- ○ Scrotum
- ○ Thyroid Sono

Periferal Venous Doppler
- ○ Lower Extrem ❑ R ❑ L
- ○ Upper Extrem ❑ R ❑ L

Periferal Arterial Doppler
- ○ Lower Extrem ❑ R ❑ L
- ○ Upper Extrem ❑ R ❑ L

NEW GENERATION 64 SLICE CT

CORONARY CT ANGIOGRAPHY

- ○ Coronary CTA protocol
  (Includes LV/RV analisys, chest no contrast)

VASCULAR CT ANGIOGRAPHY

- ○ Brain
- ○ Carotid Artery
- ○ Pulmonary Artery R/O PE
- ○ Thoracic Aorta
- ○ Abdominal Aorta
- ○ Aorto-Illiofemoral Run Off
- ○ Renal Arteries
- ○ Lower Extremity Run Off ❑ R ❑ L

CONVENTIONAL CT

Contrast ○ Yes ○ No ○ Radiologist Discretion

- ○ Brain
- ○ Sinuses / Faical Bone
- ○ I.A.C./Temporal Bone
- ○ Orbits
- ○ Soft Tissue Neck
- ○ Cervical Spine
- ○ Thoracic Spine
- ○ Lumbar Spine
- ○ Chest Low Dose
- ○ Chest High Resolution
- ○ Abdomen / Pelvis
- ○ Upper Extremity(s) ❑ R ❑ L
- ○ Lower Extremity(s) ❑ R ❑ L

VIRTUAL COLONOSCOPY

- ○ Virtual Colonoscopy Protocol

WOMEN'S IMAGING

DIGITAL MAMMOGRAPHY WITH CAD & 3D

- ○ Screening ○ Diagnostic ❑ B/L ❑ R ❑ L
- ○ 3D Breast Tomosynthesis

BREAST SONOGRAPHY

❑ Right ❑ Left

BONE DENSITOMETRY

○ DEXA _____

DIGITAL X - RAY

Head
- ○ Skull ○ Sinuses
- ○ Orbits ○ Facial Bones

Spine
- ○ C-SP ○ L-SP
- ○ T-SP ○ Sacrum

Thorax/Abd/Plv
- ○ Chest ○ KUB
- ○ Ribs ○ Other _____

○ Shoulder	❑ R	❑ L	○ Hip	❑ R	❑ L
○ Humerus	❑ R	❑ L	○ Femur	❑ R	❑ L
○ Elbow	❑ R	❑ L	○ Knee	❑ R	❑ L
○ Forearm	❑ R	❑ L	○ Ankle	❑ R	❑ L
○ Wrist	❑ R	❑ L	○ Foot	❑ R	❑ L
○ Hand	❑ R	❑ L	○ Toe # _	❑ R	❑ L
○ Shoulder	❑ R	❑ L			
○ Finger # _	❑ R	❑ L			