



Tel: 203-753-NVRA (6872) | WWW.NVRAD.COM

☐ **PDI** 166 Waterbury Rd. Suite 105 Prospect.....Fax 203 758 7877
☐ **DIA** 1389 West Main St. Suite 107 Waterbury..... Fax 203 573 1062
☐ **NVMRI** 1389 West Main St. Suite 107 Waterbury.....Fax 203 573 1062
☐ **DIS** Union Square Plaza Southbury.....Fax 203 267 5801

Patient Name _____ DOB: _____ Lab Information (for contrast injections only)
Patient Ph. _____ Cell Ph. _____ DATE: _____
Ins. _____ Precert/Auth # _____ Creatinine _____
eGFR _____

History Comments/Reason _____

Referring MD _____ MD Signature _____ CDS/AUC ID# _____

CC _____ Appt Date _____ Appt Time _____

| Breast Imaging | CT Scanning | Magnetic Resonance Imaging |
|---|--|---|
| <input type="checkbox"/> Screening Mammo with CAD <input type="checkbox"/> Diagnostic Mammo with CAD <input type="checkbox"/> Unilateral Mammo <input type="checkbox"/> RT <input type="checkbox"/> LT with CAD <input type="checkbox"/> Add'l Mammo or u/s views as indicated <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Post Procedure Clip Placement <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Screen Breast u/s – dense breasts if indicated <input type="checkbox"/> Breast ultrasound for abnormality <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> MRI Breast Biopsy <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Ultrasound Breast Biopsy <input type="checkbox"/> RT <input type="checkbox"/> LT | Oral Contrast <input type="checkbox"/> Yes <input type="checkbox"/> No IV Contrast <input type="checkbox"/> With <input type="checkbox"/> Without <input type="checkbox"/> Both <input type="checkbox"/> Abdomen only <input type="checkbox"/> Total Kidney Volume <input type="checkbox"/> Abdomen & Pelvis <input type="checkbox"/> Urogram <input type="checkbox"/> Brain <input type="checkbox"/> Cardiac Scoring <input type="checkbox"/> Cervical Spine with 3D Rendering <input type="checkbox"/> Chest <input type="checkbox"/> CT Angiography of _____ <input type="checkbox"/> CT Screening Lung <input type="checkbox"/> CT Enterography <input type="checkbox"/> Extremity/Joint with 3D Rendering: _____ <input type="checkbox"/> Facial Bones with 3D Rendering <input type="checkbox"/> Sinuses <input type="checkbox"/> Acclarent <input type="checkbox"/> Lumbosacral Spine with 3D Rendering <input type="checkbox"/> Mastoid/Temporal Bone/IAC <input type="checkbox"/> Orbits with 3D Rendering <input type="checkbox"/> Pelvis Only <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> 4D <input type="checkbox"/> Thoracic Spine with 3D Rendering <input type="checkbox"/> Virtual Colonoscopy <input type="checkbox"/> Other: _____ | IV Contrast <input type="checkbox"/> With <input type="checkbox"/> Without <input type="checkbox"/> Both <input type="checkbox"/> Brain <input type="checkbox"/> Orbits <input type="checkbox"/> Pituitary <input type="checkbox"/> IAC's <input type="checkbox"/> Facial/Sinuses <input type="checkbox"/> TMJ <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbosacral Spine <input type="checkbox"/> Chest <input type="checkbox"/> Breast <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis male <input type="checkbox"/> female <input type="checkbox"/> <input type="checkbox"/> Prostate <input type="checkbox"/> Enterography <input type="checkbox"/> Other: _____ MRA of: _____ MRV of: _____ |
| Bone Density <input type="checkbox"/> DEXA Scan with IVA <input type="checkbox"/> Body Composition | General Diagnostic <input type="checkbox"/> Diagnostic X-Ray Extremity Side _____ Location _____ <input type="checkbox"/> Chest (PA and Lat) <input type="checkbox"/> Abdomen: 1 View <input type="checkbox"/> Abdomen: 2 View <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> AP/Lateral <input type="checkbox"/> AP/Lateral <input type="checkbox"/> 5 Views w Oblique Views <input type="checkbox"/> 3 Views <input type="checkbox"/> Flexion and Extension (Only) <input type="checkbox"/> Lumbar <input type="checkbox"/> AP/Lateral <input type="checkbox"/> 5 Views w Oblique Views <input type="checkbox"/> Flexion and Extension (Only) <input type="checkbox"/> Pelvis <input type="checkbox"/> SI Joints <input type="checkbox"/> Sacrum/Coccyx <input type="checkbox"/> Hip <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Skull <input type="checkbox"/> Orbits <input type="checkbox"/> Facial Bones <input type="checkbox"/> Nasal Bones <input type="checkbox"/> Scoliosis Series <input type="checkbox"/> Other: _____ | Musculoskeletal Exams: Arthrogram <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shoulder <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Elbow <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Wrist <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Upper Extremity: _____ <input type="checkbox"/> Hip <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Knee <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Ankle <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Foot <input type="checkbox"/> RT <input type="checkbox"/> LT Lower Extremity: _____ |
| Ultrasound <input type="checkbox"/> Abdomen with Ltd Doppler <input type="checkbox"/> Aorta with Ltd Doppler <input type="checkbox"/> Bladder <input type="checkbox"/> Carotid Doppler <input type="checkbox"/> Echocardiogram <input type="checkbox"/> Hernia <input type="checkbox"/> Inguinal (Pelvic) <input type="checkbox"/> Umbilical (Abdominal) <input type="checkbox"/> Liver Elastography <input type="checkbox"/> Obstetrical <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Pelvic <input type="checkbox"/> Renal <input type="checkbox"/> Renal Artery Stenosis <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Testicular with Doppler <input type="checkbox"/> Thyroid <input type="checkbox"/> Thyroid Biopsy <input type="checkbox"/> Transvaginal with Doppler <input type="checkbox"/> Venous Ltd Doppler Lower Ext. <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Venous Ltd Doppler Upper Ext. <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Soft Tissue _____ <input type="checkbox"/> Other: _____ | | |

Please be sure to follow the preparation directions marked below:

- ☐ **I.V.P.**
Nothing to eat after midnight or for 4 hours before the appointment. Increase liquid intake up to time of exam. May take medications with water. Contact your physician if you take medications for diabetes.
- ☐ **MRI**
No prep needed for MRI Exams. Take daily medications.
- ☐ **Mammography**
No powders, lotion or deodorant
- ☐ **Bone Density (DEXA)**
Non chewable calcium supplements should be discontinued for 2 days prior to the scan
- ☐ **Arthrogram/Biopsy**
No Aspirin or Blood Thinning medications for 5 days prior. Please consult with your physician before stopping any medication
- ☐ **Ultrasound**
 1. Abdomen, Aorta, Gallbladder, Liver, Pancreas, Renal, Renal Artery and Spleen – Nothing to eat or drink after midnight. For an afternoon appointment, nothing to eat or drink for 6 hours prior.
 2. Obstetrical (26 weeks to term) – Finish drinking 20 ounces of fluid one hour prior to exam and do not void.
 3. Pelvic, Bladder, Obstetrical (up to 26 weeks) – Finish drinking 40 ounces of fluid one hour prior to exam and do not void. Children 12 and under, drink 20 ounces one hour prior and do not void.
- ☐ **CT Scans**
 1. All exams with IV contrast – Nothing to eat 4 hours before the exam. You should continue to drink clear liquids, such as water, up to the time of your exam. You may take your medication the day of your exam.
 2. Abdomen with oral contrast – Need to drink oral contrast 30 minutes prior to exam. The contrast can either be picked up ahead of time or you may drink it in our office.
 3. Abdomen and Pelvis with oral contrast – Need to drink oral contrast 90 minutes prior to exam. The contrast can either be picked up ahead of time or you may drink it in our office.
 4. Pelvis with oral contrast – Need to drink oral contrast 120 minutes prior to exam. The contrast can either be picked up ahead of time or you may drink it in our office.
 5. Enterography – Please call scheduled facility for appointment preparations.

Directions to NVRA offices

Pond Place Medical Center, 166 Waterbury Road (Rte. 69) Suite 105, Prospect, CT 06712

From the East:

Take I-84 West to Exit 25A. At the end of the exit, take a left onto Austin Rd (Austin Rd becomes Scott Rd). Proceed all the way up to Route 69 and make a right onto Rt. 69 (Waterbury Rd). Pond Place Medical Center will be on the right. We are located in the rear of the building on the lower level; parking is available in the rear of the building.

From the West:

Take I-84 East to Exit 23 toward Route 69/Hamilton Avenue. At the end of the exit, keep right onto Rt. 69 (Hamilton Ave). Continue to follow Rt. 69 for two miles. Pond Place Medical Center will be on the left. We are located in the rear of the building on the lower level; parking is available in the rear of the building.

From Naugatuck:

Take Route 68 (Prospect St.) into Prospect. Turn left onto Route 69 (Waterbury Rd.) Pond Place Medical Center will be on the right. We are located in the rear of the building on the lower level; parking is available in the rear of the building.

1389 West Main Street, Tower One, Suite 107, Waterbury, CT 06708

From the East:

Take I-84 West to Exit 18. Stay left on exit ramp to light. Take a left at the end of the exit and 1389 West Main Street will be the first building on the left.

From the West:

Take I-84 East to Exit 18. Take a right at the exit light, take your first right over the bridge and take a right at the next light. 1389 West Main Street will be the first building on the right.

Union Square, 385 Main Street South, Bldg. 2, Southbury, CT 06488

From the East:

Take I-84 West to Exit 15. At the end of the ramp take a right. At the first traffic light, take a left onto Main Street South. Follow to the fourth traffic light. Take a left onto Peter Road and an immediate left into the back of Union Square Plaza.

From the West:

Take I-84 East to Exit 14. At the end of the ramp, take a left. At the traffic light turn right on the Main Street South. Go 1 mile. Take a right onto Peter Road and an immediate left into the back of Union Square Plaza.