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TIN 824890700



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Imaging Excellence with Personalized Care
Sound Medical Center
1591 Boston Post Road - Suite 106
Guilford, CT 06437
(203) 453-5123 / Fax (203) 458-0427

Patient's Name _____ DOB _____ Phone # _____

Insurance _____ ICD-10 Code / Description _____ Authorization #: _____

BREAST IMAGING	
Screening Mammogram:	R L
- AVM & US if needed	
- Screening US if dense	
Diagnostic Mammogram:	R L
Screening Breast US	R L
Diagnostic Breast US	R L
Screening Breast MRI	
Diagnostic Breast MRI	R L
Breast - Cyst Aspiration	R L
Breast Biopsy	R L

BONE DENSITOMETRY	
DEXA Bone Densitometry	
DEXA with Forearm	

FLUOROSCOPY	
Barium Swallow	
Upper GI Series	
Small Bowel Series	
Barium Enema	

JOINT INJECTION	
Joint _____	
Traditional Arthrogram	
MRI Arthrogram	
CT Arthrogram	
With Steroids	

ULTRASOUND	
Carotid	93880
Venous Doppler - Arm	R L
Venous Doppler - Leg	R L
Abdomen - limited	
Abdomen - complete	
Abdomen - RUQ with Doppler	
Liver Elastography	
Renal	
Renal & Bladder	
Aorta	
Pelvic Transabdominal	
Pelvic Transvaginal	
Testicular	
Thyroid	
Thyroid Biopsy	R L
Soft Tissue	
Limited	

CT SCANS	
<i>For all studies</i>	
Oral Contrast	Yes No
IV Contrast	W/O / W
Head	70450 / 70470
Sinuses-Low Dose	70486
Sinuses Fusion	70486
Orbits	70480
Facial Bones	70486
Temporal Bones	
IAC's	70480 / 70482
Neck-Soft Tissues	70490
	w - 70491
Spine Cervical	72125
Spine Thoracic	72128
Spine Lumbar	72131
Chest	71250 / 71270
Lung Cancer	
Screen	G0297
Chest High	
Resolution	71250
Coronary Calcium Scoring	
Abdomen / Pelvis	74176 / 74178
Abdomen	74170 / 74150
Pancreatic Protocol	74170
Pelvis	72192 / 72194
CT Arthrogram	
CT IVP	74178
Renal Spiral	74176
Colonoscopy - Virtual	74261
Enterography	74177
Joint / Extremity	
Other	

CT ANGIOGRAPHY	
Head	70496
Neck	70498
Chest Aorta	71275
Chest Pulmonary	71275
Abdomen	74175
Abdominal Aorta	74174
Pelvis	72191

GENERAL X-RAY	
Chest	
Ribs	R L
Sternum	
KUB	
Abdominal Series	
Sitzmark Study	
Cervical Spine - Complete	
Cervical Spine - AP / LAT	
Thoracic Spine	
Lumbosacral Spine - Complete	
Lumbosacral Spine - AP / LAT	
Sacrum / Coccyx	
SI Joint	
Skull	
Sinuses	
Nasal Bones	
Orbits	
Soft Tissue Neck	
Facial Series	
Mandible	
Mastoids	
Orbits - Pre MRI	
Clavicle	R L
AC Joints	R L
Scapula	R L
Shoulder	R L
Humerus	R L
Elbow	R L
Forearm	R L
Wrist	R L
Hand	R L
Finger	R L
Pelvis	
Hip	R L
Femur	R L
Knee	R L
Tibia / Fibula	R L
Ankle	R L
Foot	R L
Calcaneus	R L
Toe	R L
Bone Age	
Scoliosis	AP Lateral
Arthritis Series	
Metastatic Series	
Other	

MRI	
<i>For all studies</i>	
IV Contrast	W/O W & W/O
Brain	70551 / 70553
Pituitary	70551 / 70553
IAC / Brain	70551 / 70553
Whole Body	
Orbits	70540 / 70543
Neck - Soft Tissue	70540 / 70543
Trigeminal	70551 / 70553
Spine Cervical	72141 / 72156
Spine Thoracic	72146 / 72157
Spine Lumbar	72148 / 72158
Enterography	74183 + 72197
Chest	71550 / 71552
Brachial Plexus	
Pancreatic Protocol	74181 / 74183
Abdomen	74181 / 74183
Abdomen & MRCP	74181 / 74183
Pelvis	72195 / 72197
Joint / Extremity _____	R L
Breast R L	77046 / 77048
Breast Bilat.	77047 / 77049
Prostate	72197
MRI Arthrogram	
Other	

MRI ANGIOGRAPHY / MRA	
Brain	70544 / 70546
Neck	70547 / 70549
Chest	
Abdomen	74185
Aorta & Runoff	74185 + 73725

VITAL SCREENING	
Carotid US	
Abdominal Aorta US	
Coronary Calcium Scoring	
Virtual Colonoscopy	

MINIMALLY INVASIVE PAIN MANAGEMENT	
US Guidance	
Popliteal Cyst	
Greater Trochanter Bursitis	
Subacromial / Subdeltoid Bursitis	
Plantar Fasciitis	
Peroneal Tendonitis	
Lateral Femoral Cutaneous Nerve	
CT Guidance	
Sacroiliac Joints	
SPG Block	
Steroid Injection Only	

If STAT, please circle: **STAT & HOLD** **STAT & GO**

REFERRING PROVIDER: _____

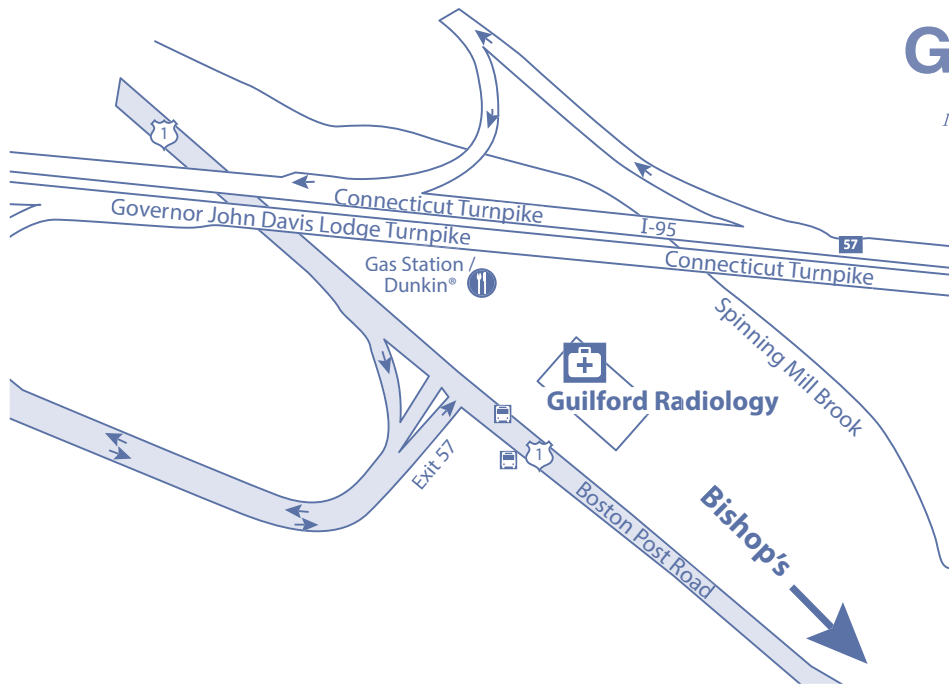
DATE: _____ CONTACT: _____

CLINICAL INFORMATION: _____

SIGNATURE: _____

DIRECTIONS TO GUILFORD RADIOLOGY:

We are conveniently located just off I-95 Exit 57, on Route 1 (Boston Post Road). Look for the Sound Medical Center just west of the gas station.



PATIENT PREPARATION INSTRUCTIONS

If you have an appointment for any of the examinations listed below, please follow the instructions provided unless you have received different instructions by your physician or by us. Please contact our office for specific instructions for children or patients with diabetes. If you do not see your exam listed, no preparation is required unless you have received special instructions from your physician or from us. If you are not certain about the preparation required for your particular circumstances and exam, please call us.

General X-Ray

Upper GI/Small Bowel Series (GI, Stomach, or Small Intestine X-Rays): Nothing to eat or drink after midnight the night before the examination. Nothing (not even water) to eat or drink on the day of the examination. Allow 1 hour for an Upper GI exam and up to 4 hours for a small intestine exam.

Esophagram Series: Nothing to eat or drink for 4 hours prior to the examination.

Colon or Large Intestine X-Rays (Barium Enema): Obtain a Prep Kit from our office at least 24 hours prior to your exam. Follow the directions on the Prep Kit, allowing at least 24 hours to complete the preparation.

Mammography: Do not use any deodorant, cream or powder in the underarm or breast area on the day of the examination. Deodorant is available in our office for your use.

Bone Densitometry: This exam should not be done within 2 weeks of a nuclear medicine procedure, within 1 week of any contrast study, or within one week of any barium study. Patients wearing clothing without metal (including zippers, snaps, underwire bras) may have the exam without changing out of street clothing. Do not take calcium supplements or osteoporosis medications for 24 hours prior to the examination.

Ultrasound

Transabdominal Pelvic Ultrasound: Drink 32 oz. of water, finishing the drink 1 hour prior to the exam. Do not urinate until the exam is complete.

Abdominal (gallbladder, aorta, liver) Ultrasound: Nothing to eat or drink after midnight the night before the examination.

MRI

MRI of the Abdomen: Nothing by mouth 4 hours prior to the exam.

CT Scan

All CT Scans with Contrast: Do not eat anything for 4 hours prior to your exam. You may take your usual medications. If you are diabetic, please call our office and ask to speak with a CT Technologist to review your diet. Patients wearing clothing without metal (including zippers, snaps, underwire bras) may have the exam without changing out of street clothing. Please notify the Technologist of any iodine allergy prior to beginning the prep.

CT Scan of Abdomen/Pelvis: No solid foods beginning 4 hours prior to your exam. You may drink clear liquids, mostly water. Then, you must drink two bottles of barium; the first bottle 2 hours prior to the scheduled time of your exam, and the second bottle 1 hour prior to the scheduled time of your exam. You may choose to pick up your barium drinks prior to the day of your exam and drink them at home, or you may come to our office two hours prior to your exam time and drink them in our office. You may take your usual medications. Patients wearing clothing without metal (including zippers, snaps, underwire bras) may have the exam without changing out of street clothing.

CT Enterography: For this particular exam, you may take only small sips of water for 4 hours prior to your exam. Please bring one gallon of whole milk with you to your exam (if you are lactose intolerant, bring Lactaid milk). Plan to arrive one hour prior to your exam time.

CT Angiography: Contact our office for instructions.

Virtual Colonoscopy: Obtain a Prep Kit from our office at least 24 hours prior to your exam. Follow the directions on the Prep Kit, allowing at least 24 hours to complete the preparation.