



MONTCLAIR RADIOLOGY

www.montclairradiology.com

# REQUEST FORM

HOBOKEN  JERSEY CITY  MONTCLAIR  NUTLEY  VERONA  WEST CALDWELL

TEL 973-661-4674 FAX 973-284-0956

Real-time online scheduling scan here:



Medicare AUC Mandate requires documentation of qCDSM: HCPCS Modifier (2 digits): \_\_\_\_\_ G-Code (5 digits): \_\_\_\_\_

Patient Name		Date of Order	
Date of Birth / /	Mobile Phone	Home Phone	
Referring Doctor		Phone	
Address		Fax	
Referring Provider's Signature <b>X</b>		<b>PLEASE SIGN OR STAMP - STATE REQUIREMENT</b>	
Insurance		Authorization #	
Reason for Exam			

SYMPTOMS - CLINICAL INFO - REQUIRED BY INSURANCE CO.  Chronic  New Onset  Follow-up  Wet Reading - STAT

### MRI

- With Contrast  Without Contrast
- With & Without Contrast

#### Body Imaging

- Chest
- Abdomen
- MRCP (Includes Abdomen)
- MR Enterography
- Female Pelvis (Ovaries, Uterus)
- Pelvis (for Prolapse)
- MR Urogram
- Prostate (Uronav)

#### Neurological Imaging

- Brain
  - NeuroQuant®
- Orbits
- Sinuses
- IAC
- TMJ
- Pituitary
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Brachial Plexus
- Sacrum/ Coccyx

#### Musculoskeletal Imaging (MSK)

- Shoulder  Left  Right
- Elbow  Left  Right
- Wrist  Left  Right
- Hand  Left  Right
- Hip  Left  Right
- Pelvis (Trauma)
- Femur  Left  Right
- Knee  Left  Right
- Tibia & Fibula  Left  Right
- Ankle  Left  Right
- Foot  Left  Right
- MR Neurography  Left  Right

#### MR Angiography (MRA)

- MR Angio Brain (Circle of Willis)(C-)
- MR Angio Carotid
- MR Angio Chest
- MR Angio Abdomen
- MR Angio Pelvis
- Lower Extremities with Runoff
  - Includes Pelvis and Both Legs
- MRV of \_\_\_\_\_
- Other: \_\_\_\_\_

### ULTRA LOW DOSE CT

- With Contrast  With & Without Contrast
- Without Contrast  3D Reconstruction

- Chest
- Ultra Low Dose CT Lung Screening
- Abdomen & Pelvis
- Abdomen
- Pelvis
- CT Enterography**
- CT Urography** (CT Abd & Pelvis Includes With & Without Contrast + 3D)

- Brain
- Temporal Bone
- Orbits
- Sinuses  Medtronic Protocol
  - Landmark Protocol
  - Stryker Protocol
- Facial Bones
- Denta Scan  Maxilla  Mandible
- Neck Soft Tissue
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Upper Extremity \_\_\_\_\_  Left  Right
- Lower Extremity \_\_\_\_\_  Left  Right

#### Cardiac Imaging

- Cardiac Calcium Scoring
- Coronary CT Angiography

#### CT Angiography

- Brain  Carotid  Chest
- Abdomen & Pelvis  Runoff
- Other: \_\_\_\_\_

#### ARTHROGRAM

- MR Arthrogram of \_\_\_\_\_
- CT Arthrogram of \_\_\_\_\_

#### PET/CT

- Oncology:** \_\_\_\_\_ (Indication)
- Initial treatment (Diagnosis/Initial Staging)
- Subsequent Treatment (Restaging/ Treatment Monitoring/ Suspected Recurrence)
- Prostate  Axumin  PSMA
- Neurology** Please refer to our more detailed PET/CT prescription pad

### BREAST IMAGING

#### 3D Mammography

- Screening  Left  Right
- Diagnostic  Left  Right
- Any additional testing as deemed necessary

#### Breast Ultrasound

- Diagnostic Breast  Left  Right
- Dense Breast Screening  Left  Right

#### Breast MRI

- Breast MRI  With & Without Contrast
- With Contrast
- Without Contrast

#### BIOPSY

- Thyroid Biopsy  Left  Right
- Breast Biopsy
  - Stereotactic  Left  Right
  - US Guided  Left  Right
  - MRI Guided  Left  Right
- Other: \_\_\_\_\_

#### ULTRASOUND

- Abdominal
  - with Liver Elastography
- Retroperitoneal (Renal / Aorta)
- Pelvis
  - Transabdominal & Transvaginal
  - Transabdominal  Transvaginal
- Thyroid
- Scrotum
- Obstetrical \_\_\_\_\_ Weeks
  - Complete w/Transvaginal
- Biophysical Profile
- MSK Guided Injection of \_\_\_\_\_
- Other: \_\_\_\_\_

#### DOPPLER EXAMS

- Duplex Carotid Doppler
- Renal Artery Doppler
- Peripheral Venous Doppler
  - Upper Extremity  Left  Right
  - Lower Extremity  Left  Right
- Duplex Peripheral Artery
  - Upper Extremity  Left  Right
  - Lower Extremity  Left  Right
- Other: \_\_\_\_\_

### X-Ray

- Chest PA - Lat
- Ribs w/ PA Chest  Left  Right
- Cervical Spine  With flex & ext
- Thoracic Spine
- Lumbar Spine
  - With oblique
  - With flex & ext
  - With side bending
- Pelvis
  - Pelvis with hip  Left  Right
- Sacrum / Coccyx
- Abdomen Complete
- KUB
- Facial Bones
- Nasal Bones
- Sinuses  Waters Only
- Bone Survey
- Bone Age
- Scoliosis Series
- Other: \_\_\_\_\_

#### Musculoskeletal Left Right

- | Musculoskeletal                         | Left                     | Right                    |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> Shoulder       | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Humerus        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Elbow          | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Forearm        | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Wrist          | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Hand           | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Hip            | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Femur          | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Knee           | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Tibia & Fibula | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Ankle          | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Foot           | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other: _____   |                          |                          |

#### Fluoroscopy

- Esophagram
- Upper GI
- Small Bowel Series
- Barium Enema
- Therapeutic Injection of \_\_\_\_\_
- Other procedure \_\_\_\_\_

#### Bone Density (DEXA)

- Initial  Follow-Up
- Other: \_\_\_\_\_



# MONTCLAIR RADIOLOGY

*Proudly Serving the Community Over 75 Years!*



<b>HOBOKEN</b> 79 HUDSON STREET	<b>JERSEY CITY</b> 550 SUMMIT AVENUE	<b>MONTCLAIR</b> 116 PARK STREET	<b>NUTLEY</b> 20 HIGH STREET	<b>WEST CALDWELL</b> 1140 BLOOMFIELD AVE.	<b>VERONA</b> 271 GROVE STREET
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**Phone: 973-661-4674**  
**Fax prescriptions to 973-284-0956**

## HOURS

**Monday - Friday: 7am to 10pm**  
**Saturday: 7am to 4pm**

*For detailed directions, maps, patient instructions, and to access the patient portal, please visit us at:*

**www.montclairradiology.com**

- In network with most insurances
- Same day, evening and weekend appointments available
- Fellowship-trained, board-certified radiologists specializing in Breast, Body, MSK and Neuro Imaging
- Registered Nurses and technologists in all offices
- 24 hour report turnaround

## BILLING QUESTIONS

**TEL: 973-284-0020 (press 1)**

**EMAIL: billing@montrad.net**

## PRE-CERTIFICATION

FOR REFERRERS

**TEL: 973-284-0020 (press 2)**

**EMAIL: precert@montrad.net**



	MRI	3T	1.5T WIDE	3T, 1.5T	3T	
<b>MRI</b>	Open MRI				1T Open	
	MR Angiography (MRA)		•	•	•	•
	MR Arthrogram		•	•		•
	Enterography*		•		•	•
	Neurography		•			•
	NeuroQuant		•	•		•
	Prostate*		•	•		•
	Urogram		•		•	•
<b>CT</b>	Ultra Low Dose CT Scan	•	•	•	•	•
	Arthrogram		•	•		•
	Cardiac Calcium Scoring		•		•	•
	Colonography		•	•	•	•
	Coronary CT Angiography		•		•	•
	Enterogram		•	•	•	•
	Low Dose Lung Screening	•	•	•	•	•
	SimPlant Dental Scan	•	•	•	•	•
Urogram		•	•	•	•	
<b>PET/CT</b>		•				
<b>US</b>	Color Doppler Ultrasound	•	•	•	•	•
	Arterial Arm & Leg (ABI)	•			•	
	MSK Diagnostic US		•	•		•
	Guided MSK Procedures		•	•		•
	Elastography		•	•	•	•
<b>Women's Imaging</b>	Mammography		3D	3D	3D	3D
	Breast MRI*		•	•	•	•
	Breast US		•	•	•	•
	Breast Biopsy, Sterotactic				•	
	Breast Biopsy, MR guided				•	•
	Breast Biopsy, US guided		•	•	•	•
	Pelvic US		•	•	•	•
	Obstetrical US		•	•	•	•
Biophysical Profile US		•	•	•	•	
<b>Biopsy</b>	Extremity FNA		•	•	•	•
	Lymph Node FNA		•	•	•	•
	ST Neck FNA		•	•	•	•
	Thyroid FNA		•	•	•	•
<b>DEXA</b>	Bone Densitometry	•	•	•	•	•
	X-Ray	•	•	•	•	•
	Fluoroscopy		•	•	•	•

\*3T Preferred

Montclair Radiology was the first imaging center in Essex County awarded the exceptional designation of Diagnostic Imaging Center of Excellence (DICOE) by the American College of Radiology (ACR).