



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 **X** _____ **PLEASE SIGN OR STAMP - STATE REQUIREMENT**
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
<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!



HOBOKEN 79 HUDSON STREET	JERSEY CITY 550 SUMMIT AVENUE	MONTCLAIR 116 PARK STREET	NUTLEY 20 HIGH STREET	WEST CALDWELL 1140 BLOOMFIELD AVE.	VERONA 271 GROVE STREET
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Phone: 973-661-4674
Fax prescriptions to 973-661-5245

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

www.montclairradiology.com

- Se Habla Español
- Walk-ins welcome
- FREE Parking

JERSEY CITY OFFICE: 2 Journal Square Plaza
 Garage is located on the corner of JFK Blvd & Pavonia Ave, across from Stanley Theatre & Journal Square Path

HOBOKEN OFFICE: 215 Hudson Street
 Municipal parking deck located between 2nd & 3rd Streets

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- Registered Nurses and technologists in all offices
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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



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).

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

*3T Preferred