



RADIOLOGY ASSOCIATES of HARTFORD, P.C.
www.rahxray.com

Early, Late and Saturday Hours available.

APPOINTMENT DATE _____

APPOINTMENT TIME _____ AM/PM

- Avon Phone 860.409.1952 Fax 860.409.1942
- Enfield Phone 860.714.9410 Fax 860.714.9409
- Glastonbury Phone 860.714.9710 Fax 860.714.8185

Patient Name _____ Patient Phone _____ DOB _____

Insurance _____ Insurance ID # _____

Call patient to schedule appt? yes no Phone # _____ Pre Certification # _____ Group NPI 194 223 4893

Referring MD _____ Referring MD Phone _____ cc: _____

CLINICAL INFORMATION (please specify signs/symptoms)

Referring Physician Signature (required) _____

Give patient CD Films Wet Reading

Does the patient have impaired renal function? yes no BUN _____

Serum Creatinine (required for CT patients over 60 years old or diabetic) Date drawn _____

Glomerular Filtration Rate (GFR) (required for MRI w/contrast patients over 60 yrs old or diabetic) Date drawn _____

Is patient diabetic? yes no If yes, list medications _____

Previous reaction to contrast? yes no If yes, explain _____

Does patient have any allergies? yes no If yes, specify allergy _____

Is patient pregnant? yes no LMP _____

Is patient taking blood thinners? yes no If yes, list medications (e.g. Coumadin, Asprin, Plavix, etc.) _____

Previous films? yes no Location of films _____

EXAMS

- WITHOUT IV CONTRAST WITH IV CONTRAST WITHOUT AND WITH IV CONTRAST

MRI Head Shoulder Breast C-Spine L-Spine Wrist Hip Pelvis Prostate
 Knee Extremity _____

MRA Head Neck Carotid Renal

CT Head Endoscopic Sinus CT Sinus Chest Neck L-Spine Abdomen Calcium Scoring
 Abdomen/Pelvis Pelvis Upper Extremity _____ Lower Extremity _____ Other _____

CTA Head Neck Chest Abdomen Pelvis Abd/Pelvis w/runoff Abd/Pelvis Other _____

ULTRASOUND Thyroid Aorta Carotid Doppler Thyroid Biopsy
 Pulmonary Venous Mapping Abdomen Pregnancy (1st trimester) Pelvis Renal
 Testicular Transvaginal Deep Venous Leg Other _____

WOMEN'S IMAGING Diagnostic Mammogram Screening Mammogram Implants Breast Biopsy
 Diagnostic Ultrasound Screening/Reflex Ultrasound Bone Density

VEIN TREATMENT Endovenous Laser Treatment Sclerotherapy

BONE DENSITY Hip and Spine

DIGITAL X-RAY Chest PA & LAT Abdomen Shoulder C-Spine T-Spine L-Spine Hip (L R)
 Pelvis Knee (L R) Sunrise View Ankle (L R) Foot (L R)
 Hand (L R) Wrist (L R) Other _____

