



RADIOLOGY ASSOCIATES of HARTFORD, P.C.

www.rahxray.com

Hours: Mon - Fri 8:30 am to 5:00 pm
Early and late appointments available
for MRI and CT Scans.

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 # _____
Precertification # _____ 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 patients having MRI with contrast) 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, Aspirin, Plavix, etc.) _____
Previous films? yes no Location of films _____

EXAMS

WITHOUT CONTRAST WITH CONTRAST WITHOUT AND WITH CONTRAST

- MRI Head Shoulder C-Spine L-Spine Wrist Hip Pelvis Knee
MRA Head Neck Carotid Renal
CT Head Endoscopic Sinus CT Sinus Chest L-Spine Abdomen
Abdomen/Pelvis Pelvis
CTA Head Neck Chest Abdomen Pelvis
ULTRASOUND Thyroid Aorta Carotid Doppler Breast Pulmonary Venous Mapping Abdomen
Pregnancy (1st trimester) Pelvis Renal Testicular Transvaginal Deep Venous Leg
MAMMOGRAPHY Diagnostic Screening Unilateral L/R
SURGICAL Thyroid Biopsy USG Breast Biopsy
VEIN TREATMENT Endovenous Laser Treatment Sclerotherapy
BONE DENSITY Hip and Spine
GENERAL 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 Service _____ If you don't see the service you are looking for, please call us.

