



**BREWSTER:** 3839 Danbury Road, Brewster, NY 10509 (845) 278-6200  
**MOUNT KISCO:** 666 Lexington Avenue, Mount Kisco, NY 10549 (914) 666-6692  
**DANBURY:** 67 Sand Pit Road, Danbury, CT 06810 (203) 797-1770  
**NEW MILFORD:** 131 Kent Road, New Milford, CT 06776 (860) 355-4212  
**Toll Free (888) 778-6200    nerad.com**

**PATIENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**HISTORY:** \_\_\_\_\_

**REFERRING PHYSICIAN** \_\_\_\_\_ **C.C.** \_\_\_\_\_

WOMEN'S IMAGING	CT SCANNING (MULTIDETECTOR)	HIGH FIELD MRI, OPEN MRI, EXTREMITY MRI
<input type="checkbox"/> Digital Mammogram (3D Tomosynthesis) <input type="checkbox"/> Bilateral <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Ultrasound Breast Bilateral or Uni (Right or Left) <input type="checkbox"/> MRI Breast Bilateral or Uni (Right or Left) <input type="checkbox"/> MRI Breast Implant Bilateral or Uni (Right or Left)  <input type="checkbox"/> DEXA Bone Densitometry with LVA  <input type="checkbox"/> Obstetrical Ultrasound <input type="checkbox"/> 1st Trimester <input type="checkbox"/> Nuchal Translucency Evaluation <input type="checkbox"/> 2nd Trimester (Anatomy) <input type="checkbox"/> 3rd Trimester  <input type="checkbox"/> Pelvic Ultrasound (with Doppler) <input type="checkbox"/> Transvaginal Ultrasound (with Doppler) <input type="checkbox"/> Hysterosonogram <input type="checkbox"/> Hysterosalpingogram	<input type="checkbox"/> w/o Contrast <input type="checkbox"/> w/Contrast <input type="checkbox"/> w/o & w/ Contrast  <input type="checkbox"/> Brain <input type="checkbox"/> Facial Bones <input type="checkbox"/> Sinuses <input type="checkbox"/> Full coronal and axial <input type="checkbox"/> Limited axials only  <input type="checkbox"/> Orbits <input type="checkbox"/> Mastoid/Temporal Bone <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbosacral Spine <input type="checkbox"/> Chest <input type="checkbox"/> Standard <input type="checkbox"/> High Resolution <input type="checkbox"/> Low Dose Lung Cancer Screening <input type="checkbox"/> Abdomen & Pelvis <input type="checkbox"/> Abdomen only <input type="checkbox"/> Pelvis only <input type="checkbox"/> CT Urogram <input type="checkbox"/> Extremity / Joint <input type="checkbox"/> Angiography <input type="checkbox"/> Head <input type="checkbox"/> Carotid <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Aorta with lower extremities  <input type="checkbox"/> CT Colonography <input type="checkbox"/> Coronary Calcium Scoring	<input type="checkbox"/> w/o Contrast <input type="checkbox"/> w/Contrast <input type="checkbox"/> w/o & w/ Contrast  <b>Head &amp; Neck</b> <input type="checkbox"/> Brain <input type="checkbox"/> MR Perfusion <input type="checkbox"/> MR Spectroscopy <input type="checkbox"/> MR Diffusion Tensor Imaging  <input type="checkbox"/> Orbits <input type="checkbox"/> Pituitary <input type="checkbox"/> IACs <input type="checkbox"/> TMJs <input type="checkbox"/> Facial / Sinuses <input type="checkbox"/> Neck <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> MRA Circle of Willis <input type="checkbox"/> MRA Vertebrobasilar <input type="checkbox"/> MRA Carotids <input type="checkbox"/> MR Venography  <b>Spine</b> <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbosacral Spine <input type="checkbox"/> Lumbosacral (Post-Op) Spine <input type="checkbox"/> Sacrum  <b>Musculoskeletal</b> <input type="checkbox"/> Knee    R or L <input type="checkbox"/> Shoulder    R or L <input type="checkbox"/> Elbow    R or L <input type="checkbox"/> Wrist    R or L <input type="checkbox"/> Ankle    R or L <input type="checkbox"/> Hip    R or L <input type="checkbox"/> Other    R or L _____  <b>Body</b> <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen (general) <input type="checkbox"/> Pelvis <input type="checkbox"/> MR Cholangiogram/MRCP <input type="checkbox"/> MRA Chest <input type="checkbox"/> MRA Abdomen <input type="checkbox"/> MRA Pelvis <input type="checkbox"/> MRA Lower Extremities _____
<b>FLUOROSCOPY</b> <input type="checkbox"/> Esophagram <input type="checkbox"/> Upper GI Series <input type="checkbox"/> Small Bowel Follow Through <input type="checkbox"/> Barium Enema <input type="checkbox"/> IVP <input type="checkbox"/> VCUG	<b>ULTRASOUND</b> <input type="checkbox"/> Abdomen with Doppler <input type="checkbox"/> Renal with Doppler <input type="checkbox"/> Bladder with Doppler <input type="checkbox"/> Aorta with Doppler <input type="checkbox"/> Pelvis with Doppler <input type="checkbox"/> Thyroid <input type="checkbox"/> Testicular with Doppler <input type="checkbox"/> Carotid Doppler <input type="checkbox"/> Lower Extremity Doppler: <input type="checkbox"/> Arterial <input type="checkbox"/> Venous <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B <input type="checkbox"/> Infant: <input type="checkbox"/> Head <input type="checkbox"/> Hip <input type="checkbox"/> Pyloric Stenosis <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Other _____ <input type="checkbox"/> No Doppler	<b>DIGITAL X-RAY</b> <input type="checkbox"/> X-ray <input type="checkbox"/> Side _____ <input type="checkbox"/> Location _____ Special Instructions: _____
<b>SPECIAL PROCEDURES &amp; PAIN MANAGEMENT</b> <input type="checkbox"/> Arthrography <input type="checkbox"/> Side _____ <input type="checkbox"/> Location _____ <input type="checkbox"/> Myelography <input type="checkbox"/> Spine Location _____ <input type="checkbox"/> Epidural Injection Location _____ <input type="checkbox"/> Pain Injection <input type="checkbox"/> Location _____ <input type="checkbox"/> Lumbar Puncture	<b>BIOPSY</b> <input type="checkbox"/> CT Guided    Location _____ <input type="checkbox"/> MR Guided    _____ <input type="checkbox"/> US Guided <input type="checkbox"/> Stereotactic	<b>Please provide patient with CD</b> Other Instructions:
<b>NUCLEAR MEDICINE</b> <input type="checkbox"/> Bone Scan (Whole Body) <input type="checkbox"/> Bone Scan (3 Phase): _____ <input type="checkbox"/> Bone SPECT <input type="checkbox"/> Liver-Spleen Scan <input type="checkbox"/> Renal Scan <input type="checkbox"/> MUGA Rest <input type="checkbox"/> HIDA <input type="checkbox"/> CCK-HIDA <input type="checkbox"/> Cystogram <input type="checkbox"/> Gastric Emptying <input type="checkbox"/> Thyroid Uptake & Scan <input type="checkbox"/> Parathyroid <input type="checkbox"/> Brain SPECT <input type="checkbox"/> Other _____	<b>PET/CT</b> <input type="checkbox"/> Whole Body <input type="checkbox"/> Brain	

# NORTHEAST RADIOLOGY PATIENT PREPS

- ☐ MRI, MYELOGRAPHY, BIOPSIES, NUCLEAR MEDICINE AND PET/CT: Our personnel will contact you prior to your examination with detailed instructions.
- ☐ CT SCANS WITH CONTRAST: Nothing to eat or drink 4 hours before examination.
- ☐ ULTRASOUND:
  - Abdomen: Nothing to eat or drink after midnight
  - Abdomen with Pelvis, Bladder: Nothing to eat or drink after midnight. Day of exam: drink 24-32 ounces of water 1 ½ hours before exam, and finish water within a half hour. Arrive with a full bladder.
- ☐ MAMMOGRAPHY: No powders or deodorants.

Please contact us anytime if you have any questions or concerns. Thank you.

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## **To Brewster Office: 3839 Danbury Road • Brewster, NY 10509 • (845) 278-6200**

**From Connecticut:** (5 minutes West of the mall)

Take I-84 West to CT Exit #1 (Saw Mill Rd.) Turn right at the end of the ramp and left onto Route 6 West. Continue on Route 6 West for one mile to the intersection of Dingle Ridge Road. Our facility is on the left.

**From New York:**

**From Points South:** Take I-684 North to Exit #10 (Brewster). Turn left at the end of the ramp onto Route 6 East/Route 202 East. Continue for 2 miles to the intersection of Dingle Ridge Road. Our facility is on the right.

**From Points West:** Take 84 East to Connecticut Exit #1 (Saw Mill Road). At the end of the ramp turn left. At second light, turn left onto Route 6 West. Our office is approximately 1.5 miles on the left, at the intersection of Dingle Ridge Road.

**From Points North:** Take 22 South toward Brewster. Take Exit #10 (Brewster). Turn left at the end of the ramp onto Route 6 East/Route 202 East. Continue 2 miles to the intersection of Dingle Ridge Road. Our facility is on the right.

## **To Mount Kisco Office: 666 Lexington Avenue • Mount Kisco, NY 10549 • (914) 666-6692**

**From I-684:**

Take Exit 4 (Route 172). Go West for 2 miles and turn left at the light onto Route 117. Go 6/10 mile to Lexington Avenue. Turn left at the light and right into the second driveway. Our entrance is on the left side of the glass building under the green awning.

**From the Sawmill River Parkway Southbound:**

Take Exit 34 (Route 133). Turn right off the ramp and take the first right onto Route 133. Continue ½ mile until the third light, S. Moger Avenue. Turn right onto S. Moger and continue 1.4 miles, the road becomes Lexington Avenue and then Route 128. Cross Route 117 and turn right into 666 Lexington Avenue. Our entrance is on the left side of the glass building under the green awning.

**From the Sawmill River Parkway Northbound:**

Take Exit 33 (Readers Digest Road/Roaring Brook Road). Turn right at the light and go up the hill on Reader's Digest Road. At the next traffic light, turn left onto Route 117. Travel north for 1.5 miles to the next traffic light. Turn right onto Lexington Avenue and right in the second driveway. 666 Lexington Avenue is the glass building. Our entrance is on the left side of the building under the green awning.

## **To Danbury Office: 67 Sand Pit Road • Danbury, CT 06810 • (203) 797-1770**

**From All Points:**

Take I-84 to Exit 7 toward New Milford/Brookfield. Take Route 7 to Exit 11 toward Federal Road. Turn right at the traffic light at the end of the ramp onto White Turkey Road for approximately 1 mile. Turn left onto Federal Road and stay in the right lane. Turn right onto Starr Road at the second traffic light. Proceed on Starr Road to the first traffic light and bear right onto Sand Pit Road. The Medical Center of Western Connecticut is approximately one-half mile on the left. Turn left into the complex. Building number 67 is on your right. Northeast Radiology is on the first floor of the building.

## **To New Milford Office: 131 Kent Road • New Milford, CT 06776 • (860) 355-4212**

**From I-84:**

Take Exit 7 off I-84 toward New Milford/Brookfield. Merge on to Route 7 North and follow to the end. Continue straight on to Danbury Road/Route 202 East/Route 7 North. Follow for a total of approximately 6 miles. The Medical Center of Greater New Milford is less than a mile past Big Y on the left. Northeast Radiology is in the first building on the right, on the first floor.

**From Points North:**

Take Kent Road/Route 202/Route 7 Southbound toward Brookfield. The Medical Center of Greater New Milford will be on the right side of the street, about 1/3 mile after the Hydroelectric Station. Northeast Radiology is in the first building on the right, on the first floor.