MD Imaging
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MEDICAL DIAGNOSTIC IMAGING, PLLC
14 Raymond Avenue, Poughkeepsie, NY 12603
1323 Route 9, Suite 107, Wappingers Falls, NY 12590
Phone: 845.471.2848 Fax: 845.471.2919 www.mdimagingny.com
Questions about your exam. Email us at info@mdimagingny.com

Patient's Name:_____ DOB:___/___/_____ Date of Script:____/____/_____
Physician Signature:_____ Phone:_____
Clinical History:_____
Authorization # (if required)_____

☐ Contrast Administered at Discertion of Radiologist

MRI Contrast: ☐ WITH ☐ WITHOUT ☐ WITH/WITHOUT

___Brain
___Cardiac
___Orbits
___IAC
___Facial
___Neck, Soft Tissue
___TMJ
___Pituitary
___Brachial Plexus
___Cervical Spine
___Thoracic Spine
___Lumbar Spine
___Chest
___Abdomen
___MR Enterography
___MRCP
___Pelvis
___MRI Prostate 3T
___Breast R L
___Shoulder R L
___with Arthogram R L
___Hip R L
___with Arthogram R L
___Arm (upper/lower) R L
___Elbow R L
___Wrist R L
___Hand R L
___Leg (Tib/Fib) R L
___Femur R L
___Knee R L
___with Arthogram R L
___Ankle R L
___with Arthogram R L
___Foot R L

CT SCAN Contrast: ☐ WITH ☐ WITHOUT ☐ WITH/WITHOUT

___Head
___Orbits
___CT Sinuses
___with ___without navigation
___Temporal Bone
___Pituitary
___Facial Bones
___Soft Tissue Neck
___Chest
___CT Calcium Score
___Abdomen Only
___CT Enterography
___Pelvis Only
___Abdomen/Pelvis
___CT Colonography
___Renal Stone Protocol
___CT Urogram
___Cervical Spine
___Thoracic Spine
___Lumbar Spine
___Shoulder R L
___Elbow R L
___Wrist R L
___Arm(upper/lower) R L
___Hip R L
___Knee R L
___Ankle R L
___Foot R L
___Leg(upper/lower) R L
___Other_____

NUCLEAR MEDICINE

___Bone Scan -3phase
___Bone Scan - Whole Body
___Bone Scan - SPECT/CT of_____
___Brain-SPECT
___Gastric Empty
___Hepatobiliary - (HIDA)
___Hepatobiliary - (HIDA w/CCK)
___Liver/Spleen - SPECT
___Cardiac SPECT
___MUGA
___Renal
___Renal with Lasix
___Thyroid Uptake/Scan
___WBC
___Gallium Scan
___Other_____

PET/CT

___Skull to Mid Thigh (Oncology-Pulmonary Nodule)
___Whole Body (Melanoma only)
___Brain only

CARDIO/VASCULAR

___Echocardiogram
___Carotid Duplex
___Renal Artery
___Stenosis Aorta (AAA)
___U Extremity Ven Duplex R L
___L Extremity Ven Duplex R L
___L Exremity Ven Insuff R L
___U Extremity Art Duplex R L
___L Extremity Art DX R L

MR ANGIOGRAM (MRA)

___Circle of Willis (Brain)
___MRA Carotid/Vertebral

EXAMS WITH CONTRAST

___Aortic Arch
___Thoracic Aorta
___Abdomen/Renal/Visceral
___ABD/Pelvis/Bilat LE
___Pelvis
___Lower Extremity R L
___Upper Extremity R L
___Other_____

MR VENOGRAM

___Brain
___Lower Extremity
___Other_____

CT ANGIOGRAM (CTA)

___Circle of Willis (Brain)
___CTA Carotid/Vertebral
___Pulmonary
___Abdomen/Visceral
___Chest
___Pelvis
___Lower Extremity R L
___Upper Extremity R L
___CTA Coronary

BONE DENSITOMETRY

___Hips/Spine_____Other
___Fracture Assesment (WF office)

MAMMOGRAPHY

___Screening Mammogram R L B
___Ultrasound Breast if needed
___Diagnostic Mammogram R L B

ULTRASOUND

___Breast Ultrasound R L B
___Pelvis TA & TV___TV___TA
___Hysterosonogram
___Obstetrical Ultrasound
___1st___2nd___3rd trimester
___BiophysicalProfile
___Abdomen
___Pelvis(Male)
___RUQ
___Renal Bladder with Post Void
___Soft Tissue Neck
___Thyroid
___Scrotal
___Extremity(non-vascular)
___Biopsy_____
___Other_____

X-RAY

___Head__Skull__Sinus__Orbits
___Facial Bones
___Nasal Bones
___Mandible
___Sternum
___Chest __PA/Lat__Decub
___Abdomen (flat and upright)
___Abdomen (KUB)
___Scoliosis Series
___Cervical Spine(3views)
___w/Obliques___w/Flex/Ext
___Thoracic Spine
___Lumbar Spine (3views)
___w/Obliques___w/Flex/Ext
___Sacrum/Coccyx
___Clavicle R L
___Scapula R L
___Shoulder R L
___Ribs R L
_____w/chest
___A/CJoint
___Humerus R L
___Radius/Ulna R L
___Elbow R L
___Wrist R L
___Hand R L
___Finger#_____ R L
___Hip R L
_____w/pelvis
___Femur R L
___Knee R L
___Tib/Fib R L
___Ankle R L
___Foot R L
___Toe#_____ R L
___Other_____

FLUOROSCOPY

___Esophagram
___Upper GI Series
___UGI Series with Small Bowel FT
___Arthrogram_____(Joint)
___Small Bowel Series
___IVP
___Barium Enema
___Myelogram w/CT, Cervical Spine
___Myelogram w/CT, Thoracic Spine
___Myelogram w/CT, Lumbar Spine
___Hysterosalpingogram
___Other_____

EXAM PREPS

MRI
Wear comfortable clothing and avoid wearing jewelry and eye make-up, as anything with metal may interfere with the images.

MRI Abdomen: Nothing to eat or drink 4 hours prior to exam. (Includes Liver, Spleen, and Kidneys) If this exam is to include MRCP, refer to MRCP prep.

MRI Breast: The patient **MUST** bring all previous related films and reports (mammo, US, MR, etc.). Our radiologist will be unable to read our MRI without previous exams and will need to keep these films until reading is complete.

MRCP/Pancreas: Nothing to eat or drink at least 6 hours prior to exam.

Breast Biopsy: Blood work required, PT, PTT, CBC

PLEASE INFORM THE TECHNOLOGIST:
- If you have a cardiac pacemaker/shunts/stents
- If you have metal objects in your body
- If you are pregnant
- If you are claustrophobic

CT SCAN
CT Abdomen and Pelvis: Don't eat or drink 3 hours prior to exam. If you are having a scan with IV contrast, please inform the technologist if you are allergic to iodine. If you are having a scan with oral contrast, you may pick up the oral contrast the day prior to your appointment or arrive 2 hours before your exam to drink the oral contrast.

ULTRASOUND
Abdomen: Nothing to eat or drink 6 hours prior to exam.
Pelvic or Obstetrical: Drink 4 eight ounce glasses of water one hour prior to exam. Do not urinate. You must have a full bladder for the exam.

MAMMOGRAPHY
Do not wear deodorant, powder or lotions on the day of the exam. Please bring previous mammograms (if available) for comparison.

PET SCAN
Nothing to eat or drink 6 hours prior to exam. Avoid sugar, gum, caffeine drinks, carbonated beverages and any exercise or vigorous activity 24 hours before scan. Please bring previous CT and/or MRI films and reports, list of medications and, if applicable, your complete chemotherapy/radiation therapy history.

DIABETIC PATIENTS HAVING A PET SCAN:
- Insulin Dependent Patients - Instructions will be given to patient prior to exam.
- Non-Insulin Dependent Patients - If appointment is scheduled for early morning, bring oral medications with you, but do not take them until instructed. If appointment is in the afternoon, have a light breakfast 6 hours prior to exam and take medication.

NUCLEAR MEDICINE
Thyroid Scan: Do not take any thyroid medication and avoid high iodine foods (shellfish, dark green vegetables and mega vitamins) at least one week prior to exam. Please call the office for more detailed and specific instructions prior to your appointment.

Gallbladder: Nothing to eat or drink 6 hours prior to exam.

GI SERIES: Nothing to eat or drink 6 hours prior to exam.

BARIUM ENEMA: Call office for specific instructions.

IVP: Nothing to eat or drink 6 hours prior to exam (including carbonated beverages).

Poughkeepsie Office
14 Raymond Avenue
Poughkeepsie, NY 12603

Conveniently located at the corner of Raymond Avenue and Routes 44/55 in the Arlington section of Poughkeepsie.

Directions from the East:
Take the Taconic State Parkway to Rte. 55w exit (if going north) or Rte. 44 W exit (if going south). After Rte. 44 and Rte. 55 W merge,make the first left onto Raymond Ave. Pass Main Street, MD Imaging will be on your left-hand side.

Directions from the West:
Take 44/55 East either from the Mid-Hudson Bridge or Church St. exit from Rte. 9. Keep on 44/55 East for approximately 3 miles. Make a left onto Raymond Ave. MD Imaging will be on your right hand side.

Wappingers Falls Office
1323 Rte 9, Suite 107
Wappingers Falls, NY 12590

Conveniently located at the corner of Old Hopewell Rd and Route 9 Wappingers Falls.

Directions from Newburgh/Beacon Bridge:
Head east on I-84 E, Take exit 11 for NY 9D toward Beacon/Wappinger Falls. Use the left 2 lanes to turn left onto NY-9D N. Continue on 9D for approximately 5 miles. Turn right onto Old Hopewell Rd for 1.1 miles and destination will be on the right.

Directions from Fishkill:
Take Rte. 9 North from Fishkill, approximately 3.1 miles. Make a left onto Old Hopewell Rd and the destination will be the first left.

Directions from Poughkeepsie:
Take Rte. 9 South from Poughkeepsie for approximately 9 miles. Pass the Toyota dealership on the right and at the light turn right onto Old Hopewell Rd. The destination will be your first left.