

**NOW OPEN:
WOODBURY
&
JAMAICA ESTS.,
QUEENS**



516-222-2022
Physician Web Viewing Available at:
nrad.com

PATIENT'S NAME: _____ EXAM DATE & TIME OF APPOINTMENT: ____/____/____ : ____:____

REFERRING PHYSICIAN: _____ REFERRER'S TEL. #: _____ FAX#: _____

GENERAL RADIOLOGY		P.E.T./CT IMAGING		COMPUTED TOMOGRAPHY		MAGNETIC RESONANCE IMAGING					
<input type="checkbox"/> ABDOMEN	<input type="checkbox"/> WITH UPRIGHT	<input type="checkbox"/> NEUROLOGIC	<input type="checkbox"/> WHOLE BODY	<input type="checkbox"/> ABDOMEN	<input type="checkbox"/> PELVIS	<input type="checkbox"/> THORAX	<input type="checkbox"/> ABDOMEN	<input type="checkbox"/> ENTEROGRAPHY			
<input type="checkbox"/> BE	<input type="checkbox"/> WITH AIR	FOR DIAGNOSTIC CT SCANS, PLEASE INDICATE BODY PART(S) 		<input type="checkbox"/> BIOPSY OF: _____	<input type="checkbox"/> BRAIN	<input type="checkbox"/> EXTREMITY: _____	<input type="checkbox"/> BRAIN	<input type="checkbox"/> POSTERIOR FOSSA	<input type="checkbox"/> IAC'S		
<input type="checkbox"/> BONE DENSITOMETRY (DEXA)				<input type="checkbox"/> NASO/OROPHARYNX/NECK	<input type="checkbox"/> ORBITS	<input type="checkbox"/> SINUSES	<input type="checkbox"/> ORBITS	<input type="checkbox"/> TEMPORAL BONES	<input type="checkbox"/> PITUITARY	<input type="checkbox"/> PERUSION	<input type="checkbox"/> FUNCTIONAL (fMRI)
<input type="checkbox"/> BONE SURVEY				<input type="checkbox"/> SINUSES STEREOTACTIC (PRE-OP)	<input type="checkbox"/> SPINE:	<input type="checkbox"/> CERVICAL	<input type="checkbox"/> THORACIC	<input type="checkbox"/> LUMBAR	<input type="checkbox"/> BRACHIAL PLEXUS		
<input type="checkbox"/> CHEST (PA-LAT)	<input type="checkbox"/> DECUB			<input type="checkbox"/> ORBITS	<input type="checkbox"/> SINUSES	<input type="checkbox"/> THORACIC	<input type="checkbox"/> LUMBAR	<input type="checkbox"/> PELVIS	<input type="checkbox"/> PROSTATE		
<input type="checkbox"/> CHEST (PA-LAT)	<input type="checkbox"/> OBLIQUE			<input type="checkbox"/> SINUSES STEREOTACTIC (PRE-OP)	<input type="checkbox"/> SPINE:	<input type="checkbox"/> CERVICAL	<input type="checkbox"/> THORACIC	<input type="checkbox"/> LUMBAR	<input type="checkbox"/> THORAX/CHEST WALL		
<input type="checkbox"/> ESOPHAGRAM	<input type="checkbox"/> AP-LORDOTIC			<input type="checkbox"/> NASO/OROPHARYNX/NECK	<input type="checkbox"/> CERVICAL	<input type="checkbox"/> THORACIC	<input type="checkbox"/> LUMBAR	<input type="checkbox"/> THORAX/CHEST WALL	<input type="checkbox"/> TMJ		
<input type="checkbox"/> FACIAL BONES	<input type="checkbox"/> VIDEO			<input type="checkbox"/> ORBITS	<input type="checkbox"/> THORACIC	<input type="checkbox"/> LUMBAR	<input type="checkbox"/> THORAX/CHEST WALL	<input type="checkbox"/> TMJ	<input type="checkbox"/> ORTHOPEDIC:		
<input type="checkbox"/> GB SERIES				<input type="checkbox"/> SINUSES STEREOTACTIC (PRE-OP)	<input type="checkbox"/> LUMBAR	<input type="checkbox"/> LUMBAR	<input type="checkbox"/> THORAX/CHEST WALL	<input type="checkbox"/> TMJ	<input type="checkbox"/> RIGHT	<input type="checkbox"/> LEFT	
<input type="checkbox"/> GI SERIES	<input type="checkbox"/> SMALL BOWEL			<input type="checkbox"/> SPINE:	<input type="checkbox"/> CERVICAL	<input type="checkbox"/> THORACIC	<input type="checkbox"/> LUMBAR	<input type="checkbox"/> THORAX/CHEST WALL	<input type="checkbox"/> ANKLE	<input type="checkbox"/> ELBOW	<input type="checkbox"/> FOOT
<input type="checkbox"/> HYSTEROSALPINGOGRAM				<input type="checkbox"/> LEVEL _____	<input type="checkbox"/> THORACIC	<input type="checkbox"/> LUMBAR	<input type="checkbox"/> THORAX/CHEST WALL	<input type="checkbox"/> TMJ	<input type="checkbox"/> HIP	<input type="checkbox"/> KNEE	<input type="checkbox"/> SHOULDER
<input type="checkbox"/> IVP				<input type="checkbox"/> TEMPORAL BONE	<input type="checkbox"/> LUMBAR	<input type="checkbox"/> LUMBAR	<input type="checkbox"/> THORAX/CHEST WALL	<input type="checkbox"/> TMJ	<input type="checkbox"/> WRIST	<input type="checkbox"/> SOFT TISSUE EXTREMITY: _____	
<input type="checkbox"/> MANDIBLE				<input type="checkbox"/> VIRTUAL COLONOSCOPY	<input type="checkbox"/> LUMBAR	<input type="checkbox"/> LUMBAR	<input type="checkbox"/> THORAX/CHEST WALL	<input type="checkbox"/> TMJ	<input type="checkbox"/> WRIST	<input type="checkbox"/> SOFT TISSUE EXTREMITY: _____	
<input type="checkbox"/> NASAL BONES				<input type="checkbox"/> ABDOMEN	<input type="checkbox"/> LUMBAR	<input type="checkbox"/> LUMBAR	<input type="checkbox"/> THORAX/CHEST WALL	<input type="checkbox"/> TMJ	<input type="checkbox"/> WRIST	<input type="checkbox"/> SOFT TISSUE EXTREMITY: _____	
<input type="checkbox"/> NASOPHARYNX				<input type="checkbox"/> NECK	<input type="checkbox"/> LUMBAR	<input type="checkbox"/> LUMBAR	<input type="checkbox"/> THORAX/CHEST WALL	<input type="checkbox"/> TMJ	<input type="checkbox"/> WRIST	<input type="checkbox"/> SOFT TISSUE EXTREMITY: _____	
<input type="checkbox"/> ORBITS				<input type="checkbox"/> CORONARY ARTERIES	<input type="checkbox"/> LUMBAR	<input type="checkbox"/> LUMBAR	<input type="checkbox"/> THORAX/CHEST WALL	<input type="checkbox"/> TMJ	<input type="checkbox"/> WRIST	<input type="checkbox"/> SOFT TISSUE EXTREMITY: _____	
<input type="checkbox"/> PELVIS				<input type="checkbox"/> PULMONARY/AORTA	<input type="checkbox"/> LUMBAR	<input type="checkbox"/> LUMBAR	<input type="checkbox"/> THORAX/CHEST WALL	<input type="checkbox"/> TMJ	<input type="checkbox"/> WRIST	<input type="checkbox"/> SOFT TISSUE EXTREMITY: _____	
<input type="checkbox"/> SACROILIAC JOINTS				<input type="checkbox"/> PERIPHERAL/EXTREMITIES	<input type="checkbox"/> LUMBAR	<input type="checkbox"/> LUMBAR	<input type="checkbox"/> THORAX/CHEST WALL	<input type="checkbox"/> TMJ	<input type="checkbox"/> WRIST	<input type="checkbox"/> SOFT TISSUE EXTREMITY: _____	
<input type="checkbox"/> SACRUM-COCCYX				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> CREATININE: _____	<input type="checkbox"/> THORAX/CHEST WALL	<input type="checkbox"/> TMJ	<input type="checkbox"/> WRIST	<input type="checkbox"/> SOFT TISSUE EXTREMITY: _____	
<input type="checkbox"/> SINUSES				<input type="checkbox"/> NO	<input type="checkbox"/> CREATININE: _____	<input type="checkbox"/> CREATININE: _____	<input type="checkbox"/> THORAX/CHEST WALL	<input type="checkbox"/> TMJ	<input type="checkbox"/> WRIST	<input type="checkbox"/> SOFT TISSUE EXTREMITY: _____	
<input type="checkbox"/> SKULL SERIES				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> CREATININE: _____	<input type="checkbox"/> THORAX/CHEST WALL	<input type="checkbox"/> TMJ	<input type="checkbox"/> WRIST	<input type="checkbox"/> SOFT TISSUE EXTREMITY: _____	
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<input type="checkbox"/> CERVICAL				<input type="checkbox"/> NO	<input type="checkbox"/> CREATININE: _____	<input type="checkbox"/> CREATININE: _____	<input type="checkbox"/> THORAX/CHEST WALL	<input type="checkbox"/> TMJ	<input type="checkbox"/> WRIST	<input type="checkbox"/> SOFT TISSUE EXTREMITY: _____	
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<input type="checkbox"/> LUMBOSACRAL				<input type="checkbox"/> NO	<input type="checkbox"/> CREATININE: _____	<input type="checkbox"/> CREATININE: _____	<input type="checkbox"/> THORAX/CHEST WALL	<input type="checkbox"/> TMJ	<input type="checkbox"/> WRIST	<input type="checkbox"/> SOFT TISSUE EXTREMITY: _____	
<input type="checkbox"/> STERNUM				<input type="checkbox"/> NO	<input type="checkbox"/> CREATININE: _____	<input type="checkbox"/> CREATININE: _____	<input type="checkbox"/> THORAX/CHEST WALL	<input type="checkbox"/> TMJ	<input type="checkbox"/> WRIST	<input type="checkbox"/> SOFT TISSUE EXTREMITY: _____	
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IMPORTANT PATIENT INFORMATION

EXAMS WHICH REQUIRE PREPARATION

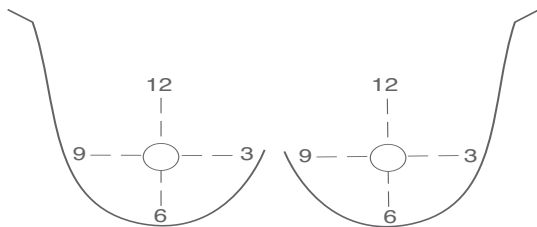
Computed Tomography (CT) - No milk or solid foods 4 hours prior to exam. No other liquids 2 hours prior to exam. Continue taking any medication up to your appointment hour (*with sips of water, if needed*). If I.V. contrast is needed, the radiologist or technologist will discuss the procedure with you.

Barium Enema, CT Virtual Colonography, IVP & Nuclear Medicine - Preparation will be given when your appointment is scheduled.

P.E.T. Scans, Upper G.I. Series & Small Bowel - Nothing to eat or drink 6 hours prior to your exam.

MAMMOGRAPHY & BREAST SONOGRAPHY - On the day of your examination, wash the breast and underarm area thoroughly. Do not use any cream, powder or anti-perspirant/deodorant.

AREAS OF SIGNIFICANCE ARE NOTED AS FOLLOWS:



MAGNETIC RESONANCE IMAGING (MRI) - Eat and take your regular medications. Remove any metal objects (jewelry, watches, hairpins, glasses, dentures and metal clips). Leave watches, bank or charge cards outside the scan area to avoid erasing recorded data. Do not wear heavy makeup and hairspray. If I.V. contrast is needed, the radiologist or technologist will discuss the procedure with you.

CAUTION: Please notify the staff **immediately** if you have any of the following: Pacemaker, pacemaker wires, aneurysm clips, cochlear implants, artificial heart valves, shrapnel or metal injuries, insulin or chemotherapy pump, metal plates, pins, rods, screws, nails or clips from prior surgery.

ULTRASOUNDS:

Female Pelvic - You must empty your bladder one and one-half hours prior to examination. Then drink 24 oz. of liquid without emptying your bladder again.

Obstetrical - You may eat and drink normally. **Do Not Urinate** for one hour prior to your appointment.

Male Pelvic & Prostate - You must drink three 8 oz. glasses of water 1 hour before exam. **Do Not Urinate** until exam is completed.

Abdomen, Gallbladder, & Aorta - Nothing to eat or drink 6 hours prior to your exam.

ULTRASOUND EXAMS WHICH REQUIRE

NO PREPARATION

Thyroid, Renal, Scrotum (testes), Pop. Fossa., Venous Doppler, and Transvaginal (Only) Ultrasounds

Diabetic patients **MUST** review the preparation with their referring physician(s) prior to an exam which requires fasting.

NRAD Diagnostic Offices Directions

1 Nassau Radiologic Group 765 Stewart Avenue, Garden City, N.Y.

From Northern State & Southern State Parkways: Take the Meadowbrook Parkway, Exit M3W (Stewart Avenue). After making right onto Stewart Avenue, head West for about 1 Mile (past two traffic lights). Our office is on your right (*the corner of South Street and Stewart Avenue*).

2 Nassau Radiologic Group/Imaging For Health 711 Stewart Avenue, Suite 150, Garden City, N.Y.

From Northern State & Southern State Parkways: Follow the directions above. The 711 office is one (1) traffic light West of the 765 building. At traffic light make a right into the 711 building parking lot (this is the WEST side of building). We're at the far end of the building closest to the mall with a dark blue awning outside.

3 Nassau Radiologic Group 230 Hilton Avenue, Suite 117, Hempstead, N.Y.

From Northern State & Southern State Parkways: Take the Meadowbrook Parkway to Exit M3W (Stewart Avenue). Make a right onto Stewart Avenue and travel to the end of Stewart Avenue. Make a left at traffic light onto Hilton Avenue (South). Proceed 1/2 mile past 3rd traffic light and make left onto Wydler Place. Follow to the rear entrance of building for parking.

4 Lakeville Nuclear Associates, Suite 101 5 Nassau Radiologic Group, Suite 204 6 Lakeville Imaging/Imaging For Health, Suite 104 7 Long Island P.E.T. Imaging, Suite 101 8 Northern Breast & Women's Imaging, Suite 205 6 Ohio Drive, LSQ Medical Center, Lake Success, N.Y.

From Northern State Parkway or the L.I.E. (495): Take New Hyde Park Road South (Exit 26S on Northern State or Exit 34S on L.I.E.). Travel 1/2 mile south from L.I.E. exit or 1/4 mile south from Northern State exit to traffic light at LSQ Medical Complex. Make another quick right, then a left at the end of street. The offices will be on your left side. (*You can park in the front or rear of office.*)

9 Lakeville Radiological Associates, Suite 301B 10 Lakeville Nassau CT, Suite 301C 410 Lakeville Road, Lake Success, N.Y.

From Northern State Pkwy. West: Take to Lakeville Road South (Exit 25S) to second traffic light and make a right into the complex. From L.I.E. (495) West: Take to Community Dr./Lakeville Rd. (Exit 33). Cross over Community Dr. Make left at next traffic light (Lakeville Rd.). Continue South, cross over No. State Parkway to the first traffic light after Marcus Avenue and make a right into the complex. From Northern State Pkwy. East: Get off at Exit 25 (Lakeville Rd.). Make right at end of exit ramp onto Marcus Ave. At first traffic light, make a left onto Lakeville Rd. At the next traffic light make a right into the complex. From L.I.E. East: Take to Lakeville Rd./Community Dr. (Exit 33). Turn right onto Lakeville Rd. Continue South crossing over No. State Pkwy. to the first traffic light after Marcus Ave. and make a right into the complex.

11 Nassau Radiologic Group 105 Froehlich Farm Blvd., Woodbury, N.Y.

From Northern State Parkway West: Take to Sunnyside Blvd. (Exit 38), toward Plainview. Turn Left onto Sunnyside Boulevard. Turn Right onto Froehlich Farm Blvd. Make a left into Complex. From L.I. Expressway (I-495) West: Take to Sunnyside Blvd. (Exit 46), toward Plainview. Merge onto North Service Road. Turn Right onto Sunnyside Blvd. Turn Right onto Froehlich Farm Blvd. Make a Left into Complex. From Northern State Parkway East: Take to Manetto Hill Road (Exit 37), toward Woodbury/Plainview. Turn Left onto Manetto Hill Road. Turn Right onto Woodbury Road. Turn Right at first light onto Sunnyside Blvd. Turn Left onto Froehlich Farm Blvd. Make a Left into Complex. From L.I. Expressway (I-495) East: Take to Manetto Hill Road (Exit 45), toward Plainview/Woodbury. Take the ramp toward Woodbury (bearing right). Turn Slight Right onto Manetto Hill Road. Turn Right onto Woodbury Road. Turn Right at first light onto Sunnyside Blvd. Turn Left onto Froehlich Farm Blvd. Turn Left into Complex.

NRAD Long Island Radiation Therapy Offices

12 700 Stewart Avenue, Garden City, N.Y.

Follow the directions above to office sites 1 & 2; 700 Stewart Avenue is across the street -- between our 765 and 711 offices.

13 6 Ohio Drive, Suite 103, Lake Success, N.Y.

Follow the directions above to office sites 4 through 8.

14 415 Northern Boulevard, Great Neck, N.Y.

Take L.I.E. to Exit 33 Lakeville Road/Community Drive. Stay straight on Service Road until you get to Lakeville Road. Proceed North on Lakeville Road. Make a left onto Northern Blvd. (25A). Proceed about a half mile. The building will be on your right side (Blue awning in front).

15 105 Froehlich Farm Blvd., Woodbury, N.Y.

Follow the directions above to office site 11.