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DOCTOR'S REFERRAL

PATIENT INFORMATION

Patient: _____
Date Ordered: _____
Referring Physician: _____

CLINICAL INFORMATION

 Stat Take a moment, it helps us.

DIGITAL BREAST IMAGING

MAMMOGRAPHY

- Screening or routine follow up
- Diagnostic or Special Interval follow up

Includes computer aided diagnosis (CAD)

ULTRASONOGRAPHY OF BREAST

- Screening
- If indicated (mamma finding, dense breast, etc.)
- Palpable Mass/Thickening (mark locations below)
- Doppler if indicated

INCREASED RISK FACTORS

- Personal/family history
- Dense breast on mammo
- BRCH1 carrier and/or BRCH2 gene mutation, ADH

ULTRASOUND GUIDED BIOPSY

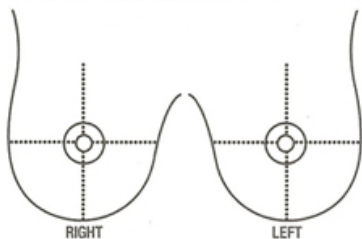
- Cyst aspiration
- FNA/CORE

CLINICAL INFORMATION

- Normal clinical breast exam (CBE)
- Abnormal CBE (mark location(s) below)

Please mark the location of area(s) of concern with the following symbols:

DISCRETE MASS THICKENING QUESTIONABLE MASS



MRI and BSGI (Breast Specific Gamma Imaging) can be scheduled at an affiliate facility

BONE DENSITOMETRY (DXA)

- Routine (hip & spine)
- Forearm (if indicated)
- X-rays vertebral fracture assessment (if needed)

NOTE: A one page summary report will be sent. Graphs available upon request.

DIGITAL ULTRASONOGRAPHY

GENERAL

- Abdomen Include Kidneys
- Gallbladder
- Renal
- Aorta
- Thyroid
- Doppler: Renal HTN, Thyroid, Etc.
- Other _____

OB-GYN

- Transabdominal
- Transvaginal
- Doppler of ovaries if indicated
- Sonohysterography

OB

- Routine
- 1st Trimester
- Level II (anatomical survey)
- Biophysical profile

MALE PELVIS

- Prostate with urinaru bladder
- Testicular
- Doppler if indicated

MUSCULOSKELATAL ULTRASOUND

- Shoulder R L Bilat
- Elbow R L Bilat
- Wrist R L Bilat
- Hand R L Bilat
- Hip R L Bilat
- Knee R L Bilat
- Ankle R L Bilat
- Foot R L Bilat

Plain X-rays of area evaluated

VASCULAR DOPPLER ULTRASOUND

- Carotid
- Venous Lower Extremity R L Bilat (DVT)
- Venous upper extremity R L Bilat
- Arterial lower extremity R L Bilat
- Arterial upper Extremity R L Bilat
- Echocardiogram

DIGITAL GENERAL RADIOLOGY (X-RAY)

CHEST

- Chest
- Ribs R L Bilat
- Sternum

ABDOMEN

- KUB
- Flat and upright

HEAD AND NECK

- Skull
- Paranasal sinuses
- Orbits R L Bilat
- Facial bones
- Nasal bones

SPINE AND PELVIS

- Standing
- Cervical
- Thoracic
- Lumbosacral
- Pelvis
- Sacroiliac joints

UPPER EXTEMITIES

- Shoulder R L Bilat
- Humerus R L Bilat
- Elbow R L Bilat
- Radius/Ulna R L Bilat
- Wrist R L Bilat
- Hand R L Bilat

Other _____

LOWER EXTEMITIES

- Hip R L Bilat
- Femur R L Bilat
- Knee R L Bilat
- Tibia/Fibia R L Bilat
- Ankie R L Bilat
- Foot R L Bilat
- Calcaneus R L Bilat

Other _____

MISCELLANEOUS

- Skeletal survey Bone age
- Foreign body Scoliosis series

PHYSICIAN REPORTS: FAX only MAIL only Fax and Mail until further notification

visit our website to see which insurance we accept, as well as other information related to our practice.

INSURANCE PARTICIPATION

MEDICARE GHI

AETNA MC/PPO
AMALGAMATED LIFE
AMERICHoice
AMERIHEALTH BEDER
HEALTH PPO

BLUE SHIELD PPO UNITED HEALTH CARE

CARE PLUS
CIGNA PPO
CINERGY
COMPREHENSIVE BENEFITS
EMBLEM HEALTH

NO FAULT COMPENSATION

NEIGHBORHOOD HEALTH
PHCS
TOUCHSTONE HEALTH
UNION LOCALS

QUEENS BREAST HEALTH PARTNERSHIP

Free mammogram studies for all women who qualify. Compassionate fees for everyone at all times. Please call our office for details or special requests.

PATIENT INFORMATION

SEE OUR WEB SITE FOR ADDITIONAL INFORMATION AND DIRECTIONS TO OUR OFFICE:

www.steinwaydiagnosticimaging.com

EXAMINATIONS THAT REQUIRE SPECIAL PREPARATION

MAMMOGRAPHY

Please do not wear deodorant or powder around the breasts on the day of the examination. Try to schedule your appointment when your breasts are less sensitive, shortly after your menstruation (period). Comfortable clothing is recommended. If you have films and/or reports from prior studies, please bring them with you for comparison.

ULTRASOUND OF THE ABDOMEN

Ultrasound of the abdomen, gallbladder, kidneys and aorta --- nothing to eat or drink 8 hours before the study. Some water is OK with medications.

GYNECOLOGICAL ULTRASOUND (FEMALE PELVIS)

Do not urinate for 2 hours before your appointment. 1 hour before your appointment drink 4 eight ounce glasses of water or juice and finish drinking 2 hour before the study. It is necessary to have a full urinary bladder to do this test.

OBSTETRICAL ULTRASOUND

Months 1-6 follow instructions for gynecological ultrasound above. Months 7-9 same as above but drink only 2 glasses of fluid.

SONOHYSTEROGRAPHY

If first gynecological study in our office, follow instruction for gynecological ultrasound above. If done as a follow-up study, come to our office with an empty urinary bladder.

MALE PELVIS (PROSTATE AND URINARY BLADDER)

Follow instructions for gynecological ultrasound.

BONE DENSITOMETRY

Do not take any calcium pills prior to the examination. Try to wear clothes without zippers.

EXAMINATIONS THAT DO NOT REQUIRE SPECIAL PREPARATION

General Radiology (X-RAY) and Breast Ultrasound Renal, Aorta, Thyroid, Testicular, Musculoskeletal and Vascular Ultrasound.