

Our experience matters. And so does yours.

HAMBURG

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Hamburg, NY 14075
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ORCHARD PARK

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WEST SENECA

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phone 716 558 5140
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Patient Name: _____ Date of Birth: _____

Doctor: _____

Reason for exam: _____

AREA TO BE IMAGED

MRI

- Abdomen / MRCP
 - Arthrogram
 - Hip (right, left)
 - Knee (right, left)
 - Shoulder (right, left)
 - Brain
 - Internal Auditory Canal (IAC)
 - Pituitary
 - Breast Biopsy
 - Breast
 - Implant Rupture
 - Lesion Evaluation
 - Chest
 - Brachial Plexus
 - Enterography
 - Extremity:
 - Upper (right, left) Arm, Hand, & Joints - Wrist, Elbow, Shoulder
 - Lower (right, left) Leg, Foot, & Joints - Hip, Knee, Ankle
 - Neck (Soft Tissue)
 - Pelvis
 - Pelvic Floor
 - Prostate
 - Spine
 - Cervical
 - Thoracic
 - Lumbar
 - TMJ
 - Urogram
- ### MRA (ARTERIES)
- Aorta (Abdominal, Thoracic)
 - Carotids
 - Circle of Willis
 - MRV
 - Peripheral (Runoffs)
 - Renal
 - Other _____

CT

- Abdomen
 - Abdomen / Pelvis
 - Chest
 - Low Dose Lung Screening
 - Cardiac Calcium Scoring
 - Enterography
 - Facial Bones
 - Head
 - Orbits
 - Pelvis
 - Radiation Planning
 - Renal Stone Protocol
 - Sinuses
 - Sinuses (Image Guided)
 - Spine
 - Cervical
 - Thoracic
 - Lumbar
 - Soft Tissue Neck
 - Temporal Bones
 - Virtual Colonoscopy
- ### CTA (ARTERIES)
- Aorta (Abdominal, Thoracic)
 - Carotid
 - Chest (Pulmonary Embolism Protocol)
 - Circle of Willis
 - Coronary
 - Lower Extremity (With Runoff/ Legs)
 - Upper Extremity (Arm) (right, left)
- ### MAMMOGRAPHY
- Diagnostic (right, left, bilateral)
 - Screening
 - Stereotactic Biopsy (right, left)
 - Ultrasound PRN
- ### PET/CT
- ### BONE DENSITOMETRY

X-RAY / DEXASCAN

- Abdominal Series
- Chest
- Extremity:
 - Upper (right, left) Hand, Wrist, Forearm, Elbow, Shoulder
 - Lower (right, left) Foot, Ankle, Tib / Fib, Femur, Hip
- Head
- KUB
- Pelvis
- Ribs (right, left, bilateral)
- Sinus
- Spine
 - Cervical
 - Thoracic
 - Lumbar
- Other _____

ULTRASOUND

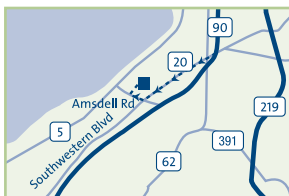
- Abdomen
- Aorta (AAA screening)
- Arterial Doppler
 - Arm (right, left, bilateral)
 - Leg (right, left, bilateral)
- Breast (right, left, bilateral)
- Breast Biopsy (right, left)
- Breast Cyst Aspiration (right, left)
- Carotid Doppler
- Mesenteric Abdominal Doppler
- Pelvic/Transvaginal / Doppler PRN
- Pregnancy
 - 1st Trimester (<13 weeks)
- Renal (includes bladder)
 - Bladder only
- Renal Arterial Doppler
- Scrotal (with doppler)
- Sonohysterogram
- Thyroid / Soft Tissue Neck
- Thyroid Biopsy (FNA)
- Venous Doppler
 - Arm (right, left, bilateral)
 - Leg (right, left, bilateral)

Physician's Signature: _____ Date: _____

Close to home.
Far from ordinary.

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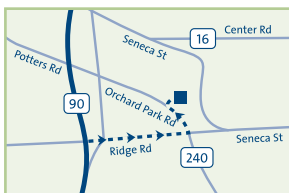
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American College of Radiology Accredited Facility
Breast Imaging Center of Excellence

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