UNIVERSITY RADIOLOGY
Leaders in Subspecialty Imaging

732.390.0033 Scheduling / Information
ONLINE SCHEDULING www.UniversityRadiology.com

Patient Name _____ DOB _____

Referred By _____ _____
(Name, Address & Phone) NPI number

Reason for Exam _____

Signature X _____ Date _____
(Required) (Required)

MRI & CT

MRI: ☐1.5T ☐3T ☐1.2T Open ☐Extremity
Contrast? ☐w/o IV ☐w/wo IV ☐Intraarticular (arthrogram)

☐ **CT**
Contrast? ☐w/o IV ☐w/ IV ☐Intraarticular (arthrogram)

Special Instructions _____

Neuro

☐ Brain ☐ Posterior Fossa
☐ Internal Auditory Canals
☐ Orbits
☐ Sinuses
☐ Pituitary
☐ Soft Tissue Neck
☐ Brachial Plexus
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Lumbar Plexus
☐ Temporal Bones
☐ CSF Flow
☐ Neuro Spectroscopy
☐ Neurography location: _____
☐ Denta Scan ____ Maxilla ____ Mandible

MSK
(For arthrogram, please check off "intraarticular" above.)

☐ Shoulder R L
☐ Knee R L
☐ Hip R L
☐ Ankle R L
☐ Foot R L
☐ Hand R L
☐ Wrist R L
☐ Elbow R L
☐ TMJ R L
☐ Other _____

Body

☐ Chest ☐ Calcium Score
☐ CT Lung CA Screening
☐ Abdomen
☐ w/Pelvis ☐ Kidney
☐ Pelvis ☐ Liver
☐ Pancreas ☐ Liver Fat/Iron Quant
☐ Breast (B/L) ☐ MRCP
☐ CT 3D Virtual Colonoscopy
☐ CT Stone Study Noncontrast
☐ CT Urogram w+ w/o IV Contrast
☐ CT Enterography
☐ MR Enterography
☐ Dynamic Pelvic Floor MRI
☐ Rectal CA MRI
☐ mpMRI Prostate
☐ Soft Tissue Mass
Location: _____

Angiography

☐ Renal / Aorta
☐ Chest ☐ Abd ☐ Pelvis
☐ Coronary CTA
☐ Coronary CTA with FFR
☐ Circle of Willis
☐ Neck (Carotids & Vertebrals)
☐ Extremities ☐ Lower ☐ Upper
☐ Runoff
☐ Other _____

PET/CT

☐ Whole Body Tumor — Skull Base to Thigh — CPT 78815
☐ Entire Body — Including Extremities (e.g. Melanoma) — CPT 78816
☐ FDG Brain — CPT 78608
☐ Brain Amyloid — CPT 78814
☐ F-18 Bone Scan — CPT 78816
☐ Cardiac/Sacoid ____ with heparin ____ without heparin — CPT 78429
☐ Cardiac/Viability — CPT 78429

Please select a Radiopharmaceutical:

☐ FDG ☐ F-18-Bone ☐ Fluciclovine/Axumin-Prostate
☐ Dotatate-Neuroendocrine ☐ Beta Amyloid Brain ____ Amyvid ____ Neuraceq
☐ PSMA-Prostate ____ Pylarify ____ Posluma ☐ Cerianna

(If Radiopharmaceutical is not specified, we will administer FDG. Please clarify if Axumin, Dotatate, etc.)

PROCEDURES

☐ Hysterosalpingogram
☐ Sonohysterography
☐ Thyroid Biopsy
☐ Myelogram
____ Cervical
____ Thoracic
____ Lumbar
☐ Lumbar Puncture
☐ Other _____

DIAGNOSTIC IMAGING

☐ Chest PA and Lat
☐ Abdomen (KUB)
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbosacral Spine
☐ Scoliosis Single View
☐ Pelvis

Fluoroscopy

☐ Esophagram
☐ Upper GI Series
☐ Small Bowel Series
☐ Barium Enema (air contrast)
☐ VCUG

☐ Ribs & PA Chest R L
☐ Hip with Pelvis R L
☐ Knee R L
☐ Ankle R L
☐ Foot R L
☐ Shoulder R L
☐ Hand R L
☐ Wrist R L
☐ Other _____

BREAST IMAGING AND BONE DENSITY

☐ Mammogram – Routine (screening)
☐ Mammogram – Non-Routine (diagnostic)
w/ Ultrasound, if needed. Indication _____
☐ Breast Biopsy R L
____ Mammo ____ Ultrasound ____ MRI
☐ US Cyst Aspiration R L
☐ Breast Ultrasound R L
☐ Screening Breast Ultrasound

☐ Breast MRI w/wo or wo
☐ DEXA Bone Densitometry
☐ DEXA Vertebral Fracture Assessment
☐ Body Composition - DEXA
☐ Other _____

ULTRASOUND

☐ Abdomen
☐ Abdomen w/ Doppler
☐ Rt Upper Quadrant
☐ Liver Elastography
☐ Renal
☐ Renal w/ Arterial Doppler
☐ Pediatric Renal/Bladder
☐ Bladder

Pelvic
☐ Transabdominal & Transvaginal
☐ Transabdominal ☐ Transvaginal
☐ w/ Doppler

☐ Male Pelvis
☐ Routine OB (1st trimester only)
☐ Scrotal with Doppler

☐ Neurosonogram
☐ Aorta
☐ Thyroid
☐ Carotid Doppler
☐ Lower Extremities Arterial Duplex R L
☐ Noninvasive Arterial Testing (ABI, PVR, Segmental Pressure)
☐ Lower Extremity Venous Doppler R L
☐ Lower Extremity Venous Insufficiency / Reflux R L
☐ MSK (Location) _____
☐ Other _____

NUCLEAR MEDICINE

☐ MUGA w/LVEF
☐ HIDA Scan
☐ HIDA Scan w/GB EF
☐ V-Q Lung Scan
☐ Gastric Emptying Scan
____ Liquid ____ Solid
☐ DTPA Renal Scan
☐ DTPA Renal Scan w/lasix
☐ Nuclear Cystogram

☐ Bone Scan - choose option(s):
____ Whole Body Imaging
____ Limited without 3-Phase
____ 3-Phase only
Location: _____
____ Whole Body +3-Phase
Location: _____
____ Include SPECT imaging
☐ Other _____

VEIN CENTER

☐ Evaluation & Treatment of Venous Disease with EVLT – Endovascular Laser Treatment, Transdermal Laser procedures, Ambulatory Phlebectomy and/or Sclerotherapy.

APPOINTMENT LOCATION

☐ ① **Bedminster**
1 Robertson Dr #16
T 908-470-3690
F 908-470-3680

☐ ② **Bridgewater**
33 Monroe St
T 908-725-1291
F 908-725-8335

☐ ③ **Cherry Hill**
at Cooper University HealthCare
2339 Route 70 W
T 856-532-9644
F 56-532-9643

☐ ④ **East Brunswick**
483 Cranbury Rd
T 732-390-0030
F 732-390-5383

☐ ⑤ **Edison**
3900 Park Ave Ste 107
T 732-548-6800
F 732-548-6290

☐ ⑥ **Elizabeth** *at Trinitas*
415 Morris Ave
T 908-351-7600
F 908-351-4406

☐ ⑦ **Freehold**
1043 W. Main St
T 732-462-1900
F 732-462-1848

☐ ⑧ **Hillsborough**
375 Rt 206 North
T 908-874-7600
F 908-874-7052

☐ ⑨ **Lacey**
833 Lacey Rd
T 609-242-2334
F 609-242-2402

☐ ⑩ **Linden**
210 W St Georges Ave
T 908-587-0035
F 908-587-0037

☐ ⑪ **Maplewood**
2130 Millburn Ave
T 973-912-0404
F 973-912-0444

☐ ⑫ **Metuchen**
264 Amboy Ave
T 732-548-2322
F 732-548-3392

☐ ⑬ **Monroe**
111 Union Valley Rd
T 609-395-3470
F 609-395-1718

☐ ⑭ **Moorestown**
at Cooper University HealthCare
400 Route 38
T 856-372-3025
F 856-372-3028

☐ ⑮ **Neptune** *at Jersey Shore*
2100 Corlies Ave
T 732-988-1234
F 732-502-0368

☐ ⑯ **Nutley**
235 Franklin Ave
T 973-922-8181
F 973-235-1010

☐ ⑰ **Oakhurst**
2128 Kings Hwy
T 732-493-8444
F 732-493-4185

☐ ⑱ **Point Pleasant**
3822 River Rd
T 732-892-1200
F 732-892-1202

☐ ⑲ **Riverdale**
44 Route 23 North
T 973-839-5004
F 973-839-5006

☐ ⑳ **Somerset - Veronica**
75 Veronica Ave
T 732-246-0060
F 732-246-4188

☐ ㉑ **Somerset - Worlds Fair**
2 Worlds Fair Dr
T 732-897-4351
F 732-897-4352

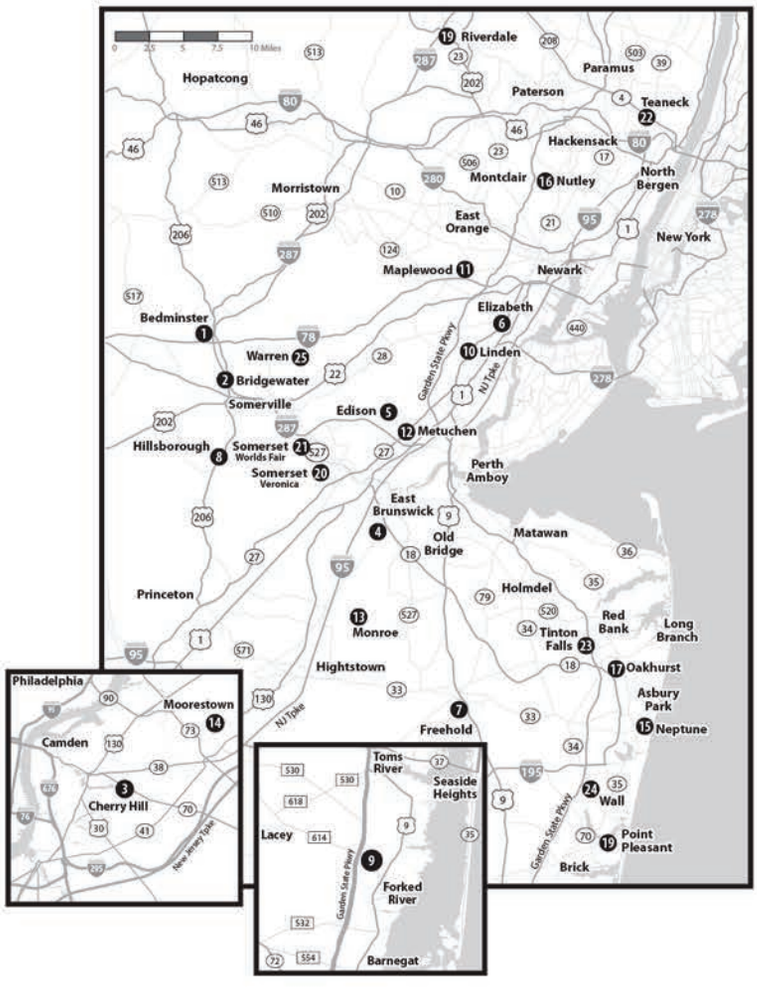
☐ ㉒ **Teaneck**
699 Teaneck Rd
T 201-836-2500
F 201-836-7921

☐ ㉓ **Tinton Falls**
48 Gilbert St North
T 732-530-5750
F 732-530-5848

☐ ㉔ **Wall**
2315 Route 34 South
T 732-452-3700
F 732-452-3701

☐ ㉕ **Warren**
16 Mountain Blvd
T 908-769-7200
F 908-769-9141

Notes:



NOW OFFERING 3 WAYS TO SCHEDULE APPOINTMENTS!

① SCAN ME

② Online **www.UniversityRadiology.com**

③ Call **732.390.0033**

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