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|--|--|--|--|--|
| <input type="checkbox"/> Baystate Breast & Wellness Center<br>100 Wason Avenue<br>Suite 300<br>Springfield, MA 01107 | <input type="checkbox"/> Baystate Radiology & Imaging<br>325 King Street<br>Northampton, MA 01060<br>Tax ID# 042893917 | <input type="checkbox"/> Baystate Radiology & Imaging<br>113 Elm Street<br>Suite 206<br>Enfield, CT 06082<br>Tax ID# 042893917 | <input type="checkbox"/> Baystate Radiology & Imaging<br>470 Granby Road<br>South Hadley, MA 01075 | <input type="checkbox"/> Baystate Radiology & Imaging<br>21 Dwight Road<br>Suite 102<br>Longmeadow, MA 01106 |
|--|--|--|--|--|

Appointment Date / Time: \_\_\_\_\_  **STAT-Call with Report**

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ Previous Exams (Facility and Date): \_\_\_\_\_

Clinical History / ICD-10 Code(s): \_\_\_\_\_

Referring Physician (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Pre-Cert #: \_\_\_\_\_ CC: \_\_\_\_\_

Breast Imaging and Diagnosis	X-Ray (not available on Wason Ave.)	CT Scan																																																																																																																		
<input type="checkbox"/> <b>Screening Mammogram</b> Indications: Routine, no suspected breast related problem <input type="radio"/> Perform Diagnostic Mammogram and Breast Ultrasound if needed <input type="radio"/> Perform Ultrasound Guided Aspiration and/or Breast Biopsy if warranted  <input type="checkbox"/> <b>Diagnostic Mammogram</b> Indications: Suspected breast-related problem, personal history of breast cancer (undergoing treatment), additional imaging needed, follow up <input type="radio"/> Perform Breast Ultrasound if needed <input type="radio"/> Perform Ultrasound Guided Aspiration and/or Breast Biopsy if warranted  <input type="checkbox"/> Breast Ultrasound R / L <input type="checkbox"/> Ultrasound Guided Core Biopsy R / L <input type="checkbox"/> Stereotactic Guided Core Biopsy R / L <input type="checkbox"/> Ultrasound Guided Cyst Aspiration R / L <input type="checkbox"/> Ductogram R / L <input type="checkbox"/> Patient Consultation with Radiologist (review of imaging studies, discussion of diagnostic options)	<input type="checkbox"/> Abdomen 1 view/KUB <input type="checkbox"/> Ankle R / L <input type="checkbox"/> Calcaneus/Os Calsis R / L <input type="checkbox"/> Cervical Spine <input type="radio"/> AP/Lateral/Odontoid <input type="radio"/> Flex. & Ext. <input type="radio"/> Min. 4 views w/ Obliques <input type="checkbox"/> Chest Routine 2 views <input type="radio"/> Apical Lordotic view <input type="checkbox"/> Elbow R / L <input type="checkbox"/> Femur R / L <input type="checkbox"/> Finger Digit #: _____ R / L <input type="checkbox"/> Foot R / L <input type="checkbox"/> Forearm R / L <input type="checkbox"/> Hand R / L <input type="checkbox"/> Hip Unilateral 2 views R / L <input type="checkbox"/> Hips Bilateral w/ AP Pelvis <input type="checkbox"/> Knee 2 views R / L <input type="checkbox"/> Lumbar Spine <input type="radio"/> AP/Lateral <input type="radio"/> Flex. & Ext. <input type="radio"/> Min. 4 views w/ Obliques <input type="checkbox"/> Neck Soft Tissue <input type="checkbox"/> Patella R / L <input type="checkbox"/> Pedi Hip (AP Pelvis w/ Lateral Hip) <input type="checkbox"/> Pelvis 1 or 2 views <input type="checkbox"/> Rib Series R / L <input type="checkbox"/> Sacroiliac Joints <input type="checkbox"/> Sacrum & Coccyx <input type="checkbox"/> Shoulder R / L <input type="checkbox"/> Sinuses < 3 views (Pedi/Water) <input type="checkbox"/> Sinuses Min. 3 views <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Tibia & Fibula R / L <input type="checkbox"/> Toe Digit #: _____ R / L <input type="checkbox"/> Wrist R / L	<table border="0" style="width:100%;"> <tr> <td colspan="4" style="text-align: center;"><b>IV CONTRAST</b> (Requires at least one selection) *Decision Per Radiologist</td> </tr> <tr> <td></td> <td style="text-align: center;">W/O</td> <td style="text-align: center;">*W/</td> <td style="text-align: center;">Per Radiologist</td> </tr> <tr> <td><input type="checkbox"/> Abdomen</td> <td 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## What I need to know for my upcoming visit:

- We recommend that you contact your insurance carrier prior to your exam to verify your coverage.
- Please bring this form, your photo identification, and your insurance cards to each visit.
- If you have had any previous pertinent exams that were not performed at one of our locations, please bring them to your appointment, as we will need them for comparison.

<p><b>MAMMOGRAPHY</b> Offered at all offices</p>	<p><b>Instructions:</b> Wash thoroughly and avoid wearing deodorant, powder, perfume, or cream on your underarm areas or breasts as these substances may interfere with the quality of your mammogram.</p>
<p><b>BONE DENSITOMETRY</b> Offered at: 100 Wason Avenue, Springfield 325 King Street, Northampton 470 Granby Road, South Hadley 113 Elm Street, Enfield</p>	<p>Bone densitometry examinations should not be done within 2 weeks of a nuclear medicine procedure or within 1 week of any contrast or barium study.</p> <p><b>Instructions:</b> Avoid taking calcium supplements or osteoporosis medications for 24 hours prior to your examination. Also, please bring a list of any medications or vitamins you are taking.</p>
<p><b>ULTRASOUND</b> Offered at: 100 Wason Avenue, Springfield (women only) 325 King Street, Northampton 113 Elm Street, Enfield</p>	<p>Please arrive at least 15 minutes ahead of your scheduled ultrasound appointment.</p> <ul style="list-style-type: none"> <li>○ <b>Breast, Carotid, Extremity, Renal, Scrotum, Soft Tissue Head and Neck, or Transvaginal exams</b> - No prep</li> <li>○ <b>Abdomen (limited or complete)</b> - Nothing to eat or drink 8 hours prior to appointment</li> <li>○ <b>Abdomen &amp; Transabdominal Pelvis, Transabdominal Pelvis, or Renal &amp; Bladder</b> - Finish drinking 32 oz. of water 1 ½ hours prior to exam. Do not empty bladder prior to exam.</li> </ul>
<p><b>CT SCANS</b> Offered at: 325 King Street, Northampton 113 Elm Street, Enfield</p>	<ul style="list-style-type: none"> <li>○ <b>Abdomen and/or Pelvis (not evaluating for stones or hematuria)</b> - You will need to pick up two (2) bottles of READI-CAT oral contrast prior to your exam at either your doctor's office or at the facility where you will be having your exam performed. Please follow the instructions given with the contrast. No fasting requirements. Please arrive 15 minutes ahead of your scheduled appointment.</li> <li>○ <b>Abdomen and/or Pelvis (evaluating for stone or hematuria)</b> - No fasting requirements. Please arrive 15 minutes ahead of your appointment.</li> <li>○ <b>All CT exams with IV contrast or if decision is per radiologist</b> - Drink plenty of fluids the evening before and/or the day of your exam. No fasting requirements. Please arrive 15 minutes ahead of your appointment. - <b>Note:</b> If you are having IV and oral contrast, please follow the oral contrast instructions above.</li> </ul> <p><b>Instructions for diabetic patients having a CT with IV contrast or if the decision is per radiologist:</b> Patients taking an oral diabetic medication containing metformins (i.e. glucophage) should not take the metformin medication the day of the procedure. If you do not have cardiac or liver disease and normal renal function, then you may resume metformin medications 48 hours after the test. For those who are taking insulin, please try to schedule the test in the morning. Please check with your doctor concerning modifications or your insulin dose.</p>
<p><b>X-Ray</b> Offered at: 325 King Street, Northampton 113 Elm Street, Enfield 470 Granby Road, South Hadley 21 Dwight Road, Longmeadow</p>	<p>There is no prep for x-ray examinations.</p> <p>- <b>Note:</b> X-ray is a walk-in service. Patients are taken on a first come, first-serve basis.</p>

## DIRECTIONS TO OUR IMAGING CENTERS:

### Baystate Breast and Wellness Center

*A service of Baystate Medical Center*

100 Wason Avenue, Springfield, MA 01107

**From the North:** Take I-91 South to Exit 11. Bear right off the exit and continue straight down Birnie Avenue. At the end of Birnie Avenue, turn left on Wason Avenue. The Baystate Breast & Wellness Center is about a block ahead on your right. Parking and the main entrance are in the rear of the building. Take the stairs or elevators to the third floor.

**From the South:** Take I-91 North to Exit 10. At the lights, turn left on Main Street. Go straight through the next set of lights. Take a left onto Wason Avenue, the street just past 3400 Main Street. The Baystate Breast & Wellness Center is about two blocks ahead on your right. Parking and the main entrance are in the rear of the building. Take the stairs or elevator to the third floor.

For more information regarding the Baystate Breast & Wellness Center, please visit us at [baystatehealth.org/breastcenter](http://baystatehealth.org/breastcenter)

### Baystate Radiology & Imaging (BRI) Locations

325 King Street, Northampton, MA 01060

Across from the Bluebonnet Diner on King Street. Building is set in back of the parking lot (blue Baystate Health sign at the roadside).

21 Dwight Road, Suite 102, Longmeadow, MA 01106

Baystate Health & Wellness  
Meadow Crossing Building. Located on First Floor.

470 Granby Road, South Hadley, MA 01075

Rt. 202 - Raymond Medical Center (salmon colored building). From driveway, bear left to park. Entrance shared with Baystate Reference Lab.

113 Elm Street, Enfield, CT 06082

Across from the Enfield Mall - in the Kohl's shopping plaza on Elm Street. Last building on right with black windows next to Kohl's. Park in attached lot. Located on the second floor, Suite 206.

For more information, please visit us on the web at:

[www.rad-imaging.com](http://www.rad-imaging.com)