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PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME: \_\_\_\_:\_\_\_\_

CLINICAL HISTORY:

INDICATE PROCEDURE:

MAGNETIC RESONANCE IMAGING			
WITH CONTRAST YES NO			
[ ] USE CONTRAST AT RADIOLOGISTS DISCRETION			
<input type="radio"/> Foot	R L B		72720
<input type="radio"/> Ankle	R L B		73723

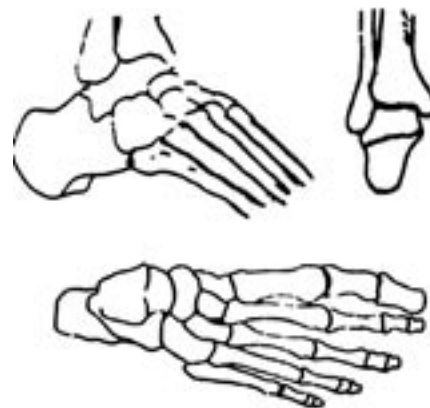
CAT SCAN			
<input type="radio"/> Foot	R L B		73702
<input type="radio"/> Ankle	R L B		73702

BONE SCAN			
<input type="radio"/> High Resolution Bone Scan			78306
<input type="radio"/> 3 Phase Bone Scan			78315

X-RAY			
			Standing
<input type="radio"/> Foot	R L B		<input type="radio"/>
<input type="radio"/> Ankle	R L B		<input type="radio"/>
<input type="radio"/> Os Calcis	R L B		<input type="radio"/>
<input type="radio"/> Sesamoid Views	R L B		<input type="radio"/>
<input type="radio"/> Talar Joints	R L B		<input type="radio"/>

DIAGNOSIS / RULE OUTS

- Neuroma
- Plantar Fasciitis
- Achilles Tendinopathy/Rupture
- Osteomyelitis
- Tarsal Tunnel Syndrome
- Tendinopathy
  - Posterior Tibial
  - Peroneal
  - Other \_\_\_\_\_
- Fracture
- Dislocation
- Coalition
- Ligamentous Rupture
- Plantar Fasciitis
- Haglund's Deformity
- Inferior Calcaneal Heel Spur
- Retrocalcaneal Heel Spur
- Ligamentous Injury (specify) \_\_\_\_\_
- Osteochondritis disseacaus (talus)
- Ankle Sprain
- Ankle Fracture
- Ankle Rupture



Requested by Dr. \_\_\_\_\_  
 Images:  Yes  No  
 Address: \_\_\_\_\_

Fax Report:  Yes  No  
 Fax Number: \_\_\_\_\_  
 Email Report:  Yes  No  
 Email Address: \_\_\_\_\_

PRECERT #:

## PREPARATION FOR DIAGNOSTIC EXAMINATIONS

When making your appointment please inform the office if you are **PREGNANT**. Patients who are elderly, or have diabetes or any condition which prevents them from following a preparation, should consult their physician.

### MAGNETIC RESONANCE IMAGING

You **cannot have a MRI** if you have;

1. A CARDIAC PACEMAKER
2. A BRAIN ANEURYSM CLIP MORE THAN 10 YEARS OLD.
3. A MIDDLE EAR PROSTHESIS
4. NEUROSTIMULATORS
5. HAD SURGERY IN THE PAST WEEK.

Please advise the technologist if you have any prosthetic device (ie., hip or knee replacement etc.) If patient requires tranquilizer, please arrive 1/2 hour prior to the appointment, and must be accompanied by a companion. All patients must remove all jewelry, hair pins and other metallic accessories for the procedure. Patients should not wear any eye makeup. Headphones are available during the procedure, you may bring your own CD.

### CT SCAN HEAD OR BODY W/ CONTRAST

(We use non-ionic contrast exclusively)

Do not eat, drink or chew anything 3 hours prior to the exam. It is important to advise the technologist, prior to the exam, if you have a history of iodine allergy or anaphylactic reaction.

**Note: We use non-ionic contrast exclusively.**

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### NUCLEAR HIDA SCAN

Nothing to eat, drink or chew 6 hours prior to the procedure.

## DIRECTIONS TO PARK AVENUE RADIOLOGISTS, PC.

Park Avenue Radiologists, PC is located at 525 Park Avenue between 60<sup>th</sup> and 61<sup>st</sup> street. Take the 4,5,6,N,R and W trains to 59<sup>th</sup> Street and Lexington Ave. Walk one block west to Park Avenue. Take F train to 63<sup>rd</sup> and Lexington Avenue. Walk one block west to Park Ave. and south to 61<sup>st</sup> The office is on the east side of Park Ave. There is also a southbound Lexington Avenue bus and Northbound Madison Avenue bus. Parking garages are located on 60<sup>th</sup> St. Between Lexington and Park Avenues and on 61<sup>st</sup> between Park and Madison Avenues.