



# HOBOKEN RADIOLOGY

Providing a clearer image of health

79 Hudson Street, Suite 100 • Hoboken, NJ 07030

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www.HobokenRadiology.com

## GASTROENTEROLOGY PRESCRIPTION FORM

Patient's Name: \_\_\_\_\_ App't Date: \_\_\_\_\_ Time: \_\_\_\_\_

Indication: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

### CT-SCAN - HIGH RESOLUTION LOW DOSE\*

◀ ALL CT-SCANS ARE WITH ORAL CONTRAST UNLESS OTHERWISE REQUESTED ▶

- Abdomen and Pelvis  with IV contrast\*\*
- Abdomen with IV contrast\*\* (pancreatic protocol)
- Liver\*\* (triple phase)
- Angiography of the Abdomen and Pelvis\*\*
- Gastrography (stomach only)\*\*
- Enterography (stomach and small bowel)\*\*
- Other: \_\_\_\_\_

No oral contrast

\*\* (recent blood work required for all IV contrast studies)

\* ALL CT SCANS UTILIZE GE ASIR TECHNOLOGY FOR SIGNIFICANT RADIATION REDUCTION.

### ULTRASOUND

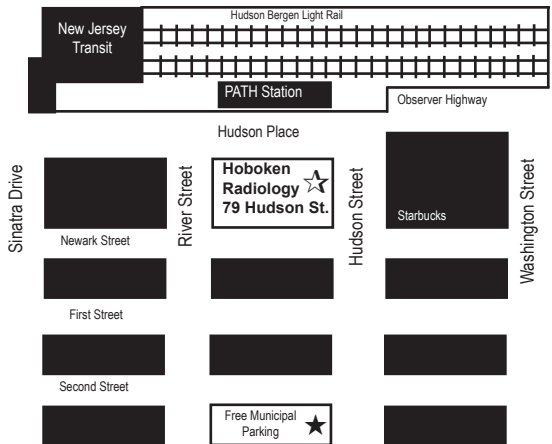
- Abdomen
- Pelvis
- Other: \_\_\_\_\_

### PET/CT

- Colorectal
  - Diagnosis / Initial Staging
  - Monitoring / Restaging / Suspected Recurrence
- Other: \_\_\_\_\_
  - Diagnosis / Initial Staging
  - Monitoring / Restaging /

### X-RAY

- Abdomen
  - KUB
  - Obstructive Series
- Pelvis
- Other: \_\_\_\_\_



Validated parking available at Municipal Parking Garage at 215 Hudson St. Between 2nd and 3rd.

**Please bring your prescription and insurance card.**  
If you are unable to keep appointment,  
please notify Hoboken Radiology 24 hours in advance.

PLEASE CALL FOR PATIENT INSTRUCTIONS AND PREPARATIONS

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Fax: \_\_\_\_\_