CHINTAN MODI, MD.

Gastroenterology & Hepatology

122 James street Edison NJ 08820

TEL: (732) 243-9694
FAX: (732) 243-9695

Premierginj.com
Office@premierginj.com

PATIENT NAME: _____ DOB: ____/_____/_____

FASTING: YES

DIAGNOSIS:

_____

X - RAY	ULTRASOUND	NUCLEAR MEDICINE
□ Esophagogram □ Barium Swallow □ Upper GI series □ Small Bowel Series □ Obstructive series □ KUB □ CXR PA and Lateral □ DEXA Scan □ Barium Enema	□ Abdomen □ Pelvis □ Abdomen and pelvis □ Neck □ Thyroid	□ HIDA scan □ HIDA scan with CCK

CT SCAN	MRI
□ **ORAL CONTRAST** □ **IV CONTRAST** □ Abdomen and pelvis □ Triple phase CT of the abdomen for liver lesions □ CT abdomen with pancreatic protocol □ CT enterography □ Virtual colonoscopy	□ **WITH AND WIHOUT CONTRAST** □ MRCP without contrast □ Abdomen with Organ of interest _____ □ Abdomen and pelvis □ Pelvis

□ ***The patient has been prescribed BMP to check BUN/ Creatinine and GFR prior to CT scan,*** please check the results before injecting the dye.

□ **BUN:_____** **Creatinine: _____** **GFR:_____**

SIGNATURE **DATE_____/_____/_____**

****IT IS THE PATIENT'S RESPONSIBILITY TO USE A FACILITY COVERED BY THEIR INSURANCE**.**