



# New Hartford Scanner Associates

Advanced Multi-Slice CT for  
Superior Diagnostic Imaging  
Phone (315) 624-6254 / Fax (315) 624-6281  
www.NewHartfordScanner.com

## CT Appointment Request

To Schedule an Appointment  
Fax: (315) 624-6281 or Call: (315) 624-6254  
Same day appointments are always available

**Please call for all Biopsies, Angiograms and Pediatrics -  
Do Not fax request.**

\_\_\_\_\_  
(Patient Name) (M/F) (D.O.B) (SS#)

\_\_\_\_\_  
(Address) (City) (State) (Zip)

\_\_\_\_\_  
(Primary Insurance) (Secondary Insurance)

\_\_\_\_\_  
(Auth # if required) (Auth # if required)

\_\_\_\_\_  
(Ordering Physician) (Phone) (Fax)

\_\_\_\_\_  
(Ordering Diagnosis/Reason for Exam)

\_\_\_\_\_  
(Ordering Provider Signature)

Type of CT		IV Contrast	Previous Films
CT	<input type="checkbox"/> Abdomen	<input type="checkbox"/> With	Are there any previous films relating to the body area being scanned? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Without	
	<input type="checkbox"/> Chest	<input type="checkbox"/> With and Without <b>Special Request</b>	If yes where: _____  Will patient be bringing films with them? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Head		
	<input type="checkbox"/> Neck		
	<input type="checkbox"/> Upper Ext*	<input type="checkbox"/> 3D	
	<input type="checkbox"/> Sinuses*	<b>Reconstructions*</b>	
	<input type="checkbox"/> Cervical Spine*		
	<input type="checkbox"/> Lumbar Spine*		
	<input type="checkbox"/> Thoracic Spine*		

Please check the following that apply to patient:

Diabetic  History Kidney Disease  Allergy to Dye

If over 40 and receiving contrast is there a recent Bun and Creatinine? Bun \_\_\_\_\_ Creatinine \_\_\_\_\_

**Time and Date preferences:** \_\_\_\_\_

**Your Appointment is Scheduled at New Hartford Scanner for:**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

New Hartford Scanner will schedule and return all requests within 4 hours of the request. If you do not receive this form back with a scheduled time please call our office to ensure we have received this request.

If this appointment time is not acceptable please call to reschedule.