

**ACR**  
Accredited Facility

**SELECT**  
DIAGNOSTIC  
IMAGING

**ACR**  
Breast imaging Center of Excellence

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MEDICAL DIRECTOR

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AWARDED "BREAST IMAGING CENTER OF EXCELLENCE" 

PATIENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
REFERRING DOCTOR \_\_\_\_\_ DATE \_\_\_\_\_  
REFERRING DR. TEL: \_\_\_\_\_ REFERRING DR. FAX: \_\_\_\_\_  
PT. HISTORY \_\_\_\_\_

**ULTRASOUND** 

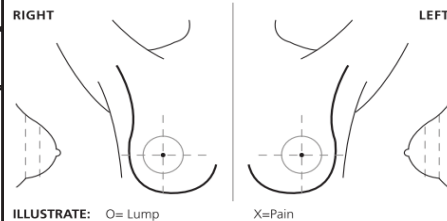
- ABDOMEN
- COMPLETE PELVIS
- TRANS-VAGINAL PEL. ONLY
- TRANS-ABDOMINAL PEL. ONLY
- SONO-HYSTEROGRAM
- BREAST
- THYROID
- NECK
- RENAL / RETROPERITONEUM
- BLADDER
- RENAL ARTERY DOPPLER
- ABDOMINAL AORTA
- OB SONO
- MALE PELVIS
- TESTICULAR
- OTHER \_\_\_\_\_

**COLOR DOPPLER**

- CAROTID
- LOWER EXTREMITY VENOUS
- UPPER EXTREMITY VENOUS
- RENAL ARTERY DOPPLER

**MAMMOGRAPHY** 

- ANNUAL SCREENING MAMMOGRAM  
..... R L BOTH
- WHEN MEDICALLY NECESSARY
- BREAST US MAY BE PERFORMED
- DIAGNOSTIC MAMMOGRAM MAY BE PERFORMED
- COMMENTS: \_\_\_\_\_
- DIAGNOSTIC MAMMOGRAM & POSSIBLE  
BREAST US..... R L BOTH
- PALPABLE ABNORMALITY
- PAIN
- COMMENTS: \_\_\_\_\_



**CT SCAN** 

- IV CONTRAST  YES  NO
- LAB VALUES: BUN \_\_\_\_\_ CREAT \_\_\_\_\_  
GFR (if available) \_\_\_\_\_ date drawn \_\_\_\_\_
- HEAD
- SINUSES
- TEMPORAL BONES/ IAC
- ORBITS
- SOFT TISSUE NECK
- ROUTINE CHEST
- HIGH RESOLUTION CHEST
- ABDOMEN & PELVIS
- ABDOMEN ONLY
- PELVIS ONLY
- LIVER PROTOCOL
- PANCREAS PROTOCOL
- KIDNEY STONE PROTOCOL
- CT IVP PROTOCOL
- RENAL MASS PROTOCOL
- SMALL BOWEL STUDY
- SPINE : CERVICAL
- SPINE : THORACIC
- SPINE : LUMBAR
- SI JOINTS
- SACRUM / COCCYX
- CT GUIDED BIOPSY
- OTHER \_\_\_\_\_

**BIOPSY** 

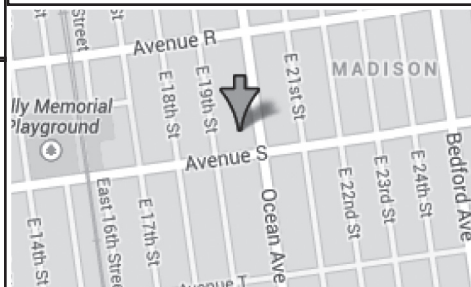
- STEREOTACTIC BIOPSY
- ULTRASOUND GUIDED BIOPSY**
- BREAST
- CORE NEEDLE BIOPSY
- FINE NEEDLE ASPIRATION
- THYROID
- FINE NEEDLE ASPIRATION
- OTHER \_\_\_\_\_

**BONE DENSITY**

- SPINE & BILATERAL HIPS (Routine)
- SPINE & BILATERAL HIPS AND FOREARMS

**DIRECTIONS TO OUR OFFICE.....**

WE ARE LOCATED ON THE CORNER OF OCEAN AVENUE AND AVENUE S  
BUS : B49  
TRAIN : Q TO KINGS HWY or AVE. U



**CT ANGIOGRAPHY**

- CAROTID ARTERIES
- THORACIC AORTA
- PULMONARY EMBOLISM PROTOCOL
- ABDOMINAL AORTA
- RENAL ARTERIES
- LOWER EXTREMITY RUNOFF
- OTHER \_\_\_\_\_

**IV CONTRAST STUDIES**

PLEASE INFORM US IF THE PATIENT HAS DIABETES, ASTHMA, MULTIPLE MYELOMA, RENAL DISEASE, RENAL INSUFFICIENCY/ FAILURE, NEPHRECTOMY, RENAL/HEPATIC TRANSPLANT, LIVER FAILURE. PT'S WITH ASTHMA OR PRIOR REACTION TO IV CONTRAST MUST ALERT OUR OFFICE WHEN MAKING APPT.

**BIOPSY PREPARATION.....**  
No blood thinners for 5 days prior to test.

**ULTRASOUND PREPARATION.....**  
ABDOMINAL US : NO FOOD 6-8 HOURS PRIOR TO YOUR TEST  
PELVIC US : DRINK WATER BEFORE