

MALE AND FEMALE UROLOGY

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Patient Name: _____

Date: _____

ICD 10: _____

- KUB
- Renal and Bladder Ultrasound with post void residual
- Renal Ultrasound
- Scrotal Ultrasound
- Cat Scan of the Abdomen and Pelvis
 - Without Contrast*
 - IV Contrast Only**
 - pre and post IV Contrast*

*MUST HAVE RESULTS OF: BUN _____ Creatinine _____

- MRI abdomen/ renal with contrast*
- MRI Pelvis /Prostate with pre-post IV contrast*
- MRI Scrotum with contrast
- Renal Nuclear Scan with Lasix
- OTHER:

Clinical History: _____

Rule Out: _____

- PLEASE RELEASE ALL FILMS TO THE PATIENT

Signature: _____