



**NEW YORK  
RADIOLOGY  
PARTNERS**

East Manhattan Diagnostic Imaging

Union Square Diagnostic Imaging

Dove Open MRI

Kingsway Diagnostic

Columbus Circle Imaging

Morningside Medical

Midtown Medical Pavilion

Central Park Women's Imaging

## **PREGNANCY CONSENT FORM**

Date: \_\_\_\_\_

This examination requested by my physician is potentially harmful to my pregnancy, and may cause a miscarriage or congenital deformity. I understand this potential risk to the pregnancy and agree to have the examination performed as requested.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_



### PATIENT SATISFACTION SURVEY

We are striving to provide you with the best possible care. Please help us to achieve this goal by taking a few minutes of your time to answer the following questions. In doing so you will help us to provide optimum care for all our patients.

Date: \_\_\_\_\_

Name: (optional) \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of examination: \_\_\_\_\_

Was it easy to schedule your appointment for today's test?  Yes  No

If no, explain why? \_\_\_\_\_

Was your scheduler: *(Check all that apply.)*

- Courteous?  Yes  No
- Attentive to your needs?  Yes  No
- Efficient?  Yes  No

Was your examination started on time?  Yes  No

If not, how long did you wait for your examination:

- Less than 15 minutes
- 15 – 30 minutes
- 30 minutes or more

If more than 15 minutes, did someone explain the reason for delay?  Yes  No

Was your receptionist: *(Check all that apply.)*

- Courteous?  Yes  No
- Attentive to your needs?  Yes  No
- Efficient?  Yes  No

Was the technologist who performed the procedure: *(Check all that apply.)*

- Courteous?  Yes  No
- Attentive to your needs?  Yes  No
- Efficient?  Yes  No

If your exam required a Radiologist (Doctor): *(Check all that apply.)*

- Courteous?  Yes  No
- Attentive to your needs?  Yes  No
- Efficient?  Yes  No

Please rate your overall experience. *(Circle a number on the scale below to indicate your level of satisfaction)*

1 2  
⏟  
Poor

3 4  
⏟  
Fair

5 6  
⏟  
Satisfied

7 8  
⏟  
Very Satisfied

9 10  
⏟  
Excellent

Any additional comments that you can make would be helpful: *(The use of names would be helpful.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check here if willing to be contacted to provide an online review.

*Thank you for taking the time to complete this survey.*



## PREPARATION INSTRUCTIONS FOR PATIENTS UNDERGOING CORONARY ARTERY CALCIUM SCORE

- **Do not** drink alcohol or consume any caffeine or other foods or medications that may increase your heart rate (e.g., coffee, tea, cola, mountain dew, jolt, or chocolate; Excedrin or other stimulant medications) for **24 hours** before the test.
- Continue medications as prescribed by your physician, unless otherwise instructed.
- Inform your doctor if you think there is a possibility that you are pregnant or if you are nursing.
- Please bring a list of all your current medications and their dosages with you to the appointment.
- If you have any echocardiography, stress test, coronary angiography or CT/MRI studies performed in the past, please bring the report and/or films with you, if available.