



MEDICAL IMAGING OF MANHATTAN, LLC

Account # _____ Tech: _____ Date: _____

Abdominal Imaging Worksheet (Male)

Name: _____ Age: _____ Date of Birth: _____

Reason for today's exam: (Routine/Follow-up/Medical problem or Complaint):

List previous surgeries: _____

List Current Medications:

Is there a family history of cancer? (Please circle) No/Yes If yes, please explain

IF YOU HAVE BROUGHT PREVIOUS FILMS OR REPORTS WITH YOU, PLEASE GIVE THEM TO THE RECEPTIONIST BEFORE YOUR EXAM.