



Wishing You Were Referring Here!

How savvy are you?

Play and learn with our virtual scavenger hunt for a chance to win a whimsical, one-of-a-kind, beach-perfect sun-brella! Our grand prize winner will get an educational Caribbean Island luncheon for a maximum of 12 staff members. Five lucky winners will get a bountiful, interactive, brainfeast breakfast for a maximum of 12 staff members. Please call us for details at: (212) 326-5623 or 5629 and say codeword: **FANTASY CAT** or email Terri McCray at tm2438@columbia.edu with the aforementioned codeword typed in the subject line, along with your contact information. We will supply the juicy details. It's that simple!

Hurry, deadline to enter our drawing is July 31, 2009.

And don't forget, we have extended hours for MRIs/MRAs, including Saturdays with or without contrast, same day CAT Scans on our new GE Lightspeed VCT, for the best images, the most information, in the shortest amount of time! And remember, regular X-Rays can be accommodated same day.

Yours Truly,

Columbia-Presbyterian Eastside Radiology



COLUMBIA-PRESBYTERIAN
**EASTSIDE
RADIOLOGY**

16 EAST 60TH STREET • BETWEEN MADISON & FIFTH
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Watercolor: Summer Dreams—CAT Scan in the sand, by Emily Rich.





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Scavenger Hunt:

1. Home page – Awning – Q: what color?
2. Shuttle Service – Q: last scheduled pick up from E 60th?
3. What's new: What is the first image featured on our new CT flyer?
4. What kind of objects will you be asked to remove for an MRI/MRA?
5. How many Radiologists do we have listed under the physician heading?
6. What is our Tax ID number on our convenient online referring physician requisition form?
7. What two pieces of simple appointment information are we asking on our convenient online patient scheduling form?
8. What are the three categories featured under Women's imaging?



What information do we require from you?

- Your name:
- Your phone extension number:
- Your Birthday and Month:
- Your hobbies/interests:
- Your favorite foods/snack:
- Allergies:
- Physician name or names:
- Physician's address:
- Physician's hospital affiliation/s:
- Type of referrals:
- Physician/s Birthday and Month:
- Physicians' favorite food/snack:
- Physician specialties:
- Physician phone:
- Physician fax:
- Physician email:
- Office location:

Kindly return this email with the questions filled out or fax filled out form to: 212-326-5654

Thank you, and Good Luck!