Open MRI - Cat Scan - Ultrasound - Dexa Scan

ADVANCED MAGNETIC IMAGING

6416 Bergenline Avenue, West New York, NJ 07093

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ACR Accredited MRI & Cat Scan Facility

Patient's Name:

Appointment Date: / / Appointment Time: : am / pm

MRI ☐ Contrast ☐ Non-Contrast

				L	R
☐ Brain	☐ MR Angio-Neck	☐ TM Joints	☐ Shoulder	☐	☐
☐ Neck	☐ MR Angio-Brain	☐ Abdomen	☐ Elbow	☐	☐
☐ Posterior Fossa		☐ Pelvis	☐ Wrist	☐	☐
☐ Pituitary		☐ C-Spine	☐ Hip	☐	☐
☐ Orbits		☐ T-Spine	☐ Knee	☐	☐
☐ Sinuses		☐ L-Spine	☐ Ankle	☐	☐
☐ Internal Auditory Canal			☐ Foot	☐	☐
			☐ Other (Specify):		

CT Scanning ☐ Contrast ☐ IV ☐ Oral

☐ Chest	☐ Head	☐ C-Spine	☐ CT Angio
☐ Abdomen	☐ Orbits	☐ T-Spine	(specify): _____
☐ Pelvis	☐ Sinuses	☐ L-Spine	
☐ Neck (soft tissue)	☐ Temporal Bones		
☐ Other (specify):	☐ Maxilla		
_____	☐ Mandible		

Clinical Diagnosis/Remarks

Prior Radiographic Studies should accompany patient

Referred by Name:

Address:

Telephone:

☐ CD ☐ STAT Report request ☐ Report only ☐ Films and Report

Physician's Signature : _____