PARAMUS MRI
ACR ACCREDITED

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30 W. Century Rd. Suite 100
Paramus, NJ 07652
Entrance in rear of building

The area's leading provider in 1.5T Short Bore, Non Claustrophobic Fast Scanning Technology (1.5T Siemens Magnetom Essenza)

Patient _____

Referring Physician _____

Appointment Date _____ Appointment Time _____

Physician Phone # _____ Physician Fax # _____

CC Report to Doctor _____

Magnetic Resonance Imaging (MRI)

- ☐ Brain
- ☐ Pituitary
- ☐ Orbits
- ☐ Sinuses
- ☐ Internal Auditory Canal
- ☐ Temporal Mandibular Joint (Bilateral)
- ☐ Neck/Soft Tissue
- ☐ C-Spine
- ☐ T-Spine
- ☐ L-Spine
- ☐ Chest
- ☐ Pelvis
- ☐ Abdomen
- ☐ Other _____

Extremities	**R**	**L**
☐ Shoulder	☐	☐
☐ Elbow	☐	☐
☐ Wrist	☐	☐
☐ Hand	☐	☐
☐ Hip	☐	☐
☐ Knee	☐	☐
☐ Ankle	☐	☐
☐ Foot	☐	☐
☐ Thigh	☐	☐
☐ Brachial Plexus	☐	☐
☐ Tib/Fib (Calf)	☐	☐

M R Angiography (MRA)

- ☐ MRA Neck
- ☐ MRA Head

☐ **With Contrast**

☐ **Without Contrast**

Precautionary Screening

Patient Pregnant	■ Yes	☐ No
Metallic Implants	☐ Yes	☐ No
Cardiac Pacemaker	☐ Yes	☐ No
Aneurysm Clip	☐ Yes	☐ No
Shrapnel	☐ Yes	☐ No
Cochlear Implant	☐ Yes	☐ No

Physician Signature _____

Clinical History & Reason for Study _____

Complimentary transportation provided when needed