



PARAMUS MRI
ACR ACCREDITED



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30 W. Century Rd. Suite 100
Paramus, NJ 07652

***Entrance in rear of building**

SCAN QR FOR



DIRECTIONS

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

- Shoulder
- Elbow
- Wrist
- Hand
- Hip
- Knee
- Ankle
- Foot
- Thigh
- Brachial Plexus
- Tib/Fib (Calf)

R L

-
-
-
-
-
-
-
-
-
-
-

M R Angiography (MRA)

- MRA Neck
- MRA Head

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

With Contrast **Without Contrast**

- Chest **R L**
- Shoulder
- Humerus
- Elbow
- Forearm
- Wrist
- Hand

General Diagnostic X-Ray

- Hips **R L**
- Femur
- Knee
- Tibia/Fibula
- Ankle
- Foot

Spine & Pelvis

- Cervical views Lumbar views
- Sacrum & Coccyx Pelvis
- Thoracic/Dorsal views

Other:

Extremity (specify): R L

Physician Signature _____

Clinical History & Reason for Study _____

*Complimentary transportation provided when needed