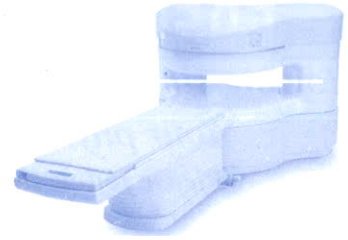




ARIS Diagnostic Medical, PLLC

88-09 101st Avenue, Ozone Park, NY 11416

Tel: 718.577.5152 Fax: 718.835.7564



OPEN MRI

Patient Name: _____ Date: _____

Referring Physician: _____

Address: _____ Physician Phone No: _____

MRI INFORMATION:

MRI IS CONTRAINDICATED IN PATIENTS WITH PACEMAKER, EAR IMPLANTS, CEREBRAL ANEURYSM CLIPS, METAL IN EYES, ETC.

MAGNETIC RESONANCE IMAGING (MRI)

- BRAIN-70551
- PITUITARY-70551
- ORBITS-70540
- SINUSES-70540
- INTERNAL AUDITORY CANAL-70551
- NECK/SOFT TISSUES-70540
- CERVICAL SPINE- 72141
- THORACIC SPINE-72146
- LUMBAR SPINE-72148
- CHEST-71550
- ABDOMEN-74184
- PELVIS-72195

EXTREMITIES

- SHOULDER-73221 R L
- HIP-73721 R L
- KNEE-73721 R L
- ANKLE-73721 R L
- Other _____
- Contrast Study Requested

PRECAUTIONARY SCREENING

- Patient Pregnant Yes NO
- Metallic Implants Yes NO
- Cardiac Pacemaker Yes NO
- Aneurysm Clip in Brain Yes NO
- Shrapnel Yes NO

CLINICAL HISTORY & REASON FOR STUDY

- Status post injury
- Other _____
- S/P Head Contusion with dizziness, headache, blurring vision, ringing in the ears, loss of balance.
R/O Subdural hematoma _____
- S/P Contusion of the head + face
R/O TMJ pathology _____
- S/P Whiplash Injury to the neck, sprain, contusion to the neck+cervical spine.
R/O HNP _____
- S/P Thoracic spine contusion, Sprain/strain
R/O HNP _____
- S/P Lumbar spine contusion.
R/O HNP _____
- S/P Contusion to the chest, abdomen+pelvis
R/O _____
- Shoulder, Contusion, Sprain/Strain, persistent pain
R/O Ligament Tear _____
- Hip, Contusion, Sprain/Strain, persistent pain
R/O _____
- Knee, Contusion, Sprain/Strain, persistent pain
R/O Meniscus tear _____
- Ankle, Contusion, Sprain/Strain, persistent pain
R/O ligament tear _____
- Other _____

NEUROLOGICAL / ORTHOPEDIC POSITIVE FINDINGS

- Muscle Weakness _____ Limited range of motions _____
- Deep tendon reflexes _____
- sensory deficit _____ special tests _____

Physician's Signature: _____

All Patients Must Bring Photo I.D. at time of test.