



## OPEN MRI

Patient Name:		DOB:
Home Phone Number:	Work Phone:	Alternate Number:
Referring Physician:		Office Phone:
Physician's Address:		Fax #:
Clinical History:		
Is the patient diabetic?	Yes    No	If yes, list medications:
Is the patient pregnant?	Yes    No	Is the patient claustrophobic?    Yes    No
Physician Signature:		Date:

**OPEN MRI**  
 With Contrast     Without Contract     Radiologist discretion

<input type="checkbox"/> Brain <input type="checkbox"/> Orbits <input type="checkbox"/> IAC's / Posterior Fossa <input type="checkbox"/> Face (soft tissue) <input type="checkbox"/> TMJ <input type="checkbox"/> Neck (soft tissue) <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> Pituitary <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="checkbox"/> Sacrum	<input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Bony Pelvis <input type="checkbox"/> Hip	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Knee <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Ankle <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Foot <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L   MRI Other _____  <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;"><b>MRA</b></div> <input type="checkbox"/> Brain <input type="checkbox"/> Neck <input type="checkbox"/> Intracranial (Circle of Willis) <input type="checkbox"/> Extracranial (Common Carotid Carotid Bifurcations)
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Hours of Operation: Monday – Friday 7am – 10pm and Saturday's 7am – 5pm.  
Please call 212.683.6200 to schedule.

Appointment Date / Time: \_\_\_\_\_ Pre Auth # \_\_\_\_\_

Please have your insurance card available at time of visit. **Please Note: Co payments are collected at time of visit.**