



Patient: \_\_\_\_\_ Date: \_\_\_\_\_  
 Referring Physician: \_\_\_\_\_ Referring Physician Signature: \_\_\_\_\_  
 Physician's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Clinical History and Reason for Study: \_\_\_\_\_

## MRI X-RAY ULTRASOUND

**Contrast**  
 with without

Cervical Spine

Thoracic Spine

Lumbar Spine

Brain

Pituitary

Orbits

IAC

Soft Tissue Neck

TMJ

Pelvis

Other \_\_\_\_\_

**Extremities** R L **Contrast**  
 with without

Shoulder

Elbow

Wrist

Hand

Hip

Knee

Ankle

Foot

Other \_\_\_\_\_

**MRA** **Contrast**  
 with without

Brain (COW)

Carotid

**MR Venogram** **Contrast**  
 with without

Brain (MRV)

### ADDITIONAL INFORMATION

**IV Sedation**  
 YES  NO

**Notes:**  
 BUN/CREATINE is required for administration of IV contrast for patients 55 years and older

**Skeletal**

Skull

Cervical Spine

Thoracic Spine

Lumbar Spine

Pelvis

Bone Age

Sacrum/Coccyx

**Extremities** R L

AC Joints

SI Joints

Shoulder

Humerus

Elbow

Radius/Ulna

Wrist

Hip

Femur

Knee

Tibia/Fibula

Ankle

Hand

Heel/Calcaneus

Foot

Finger \_\_\_\_\_

Toe \_\_\_\_\_

**ENT**

Paranasal Sinuses

Nasopharynx

Nasal Bones

Facial Bones

Orbits

Soft Tissue Neck

**Chest**

Chest PA/LAT

Sternum

Ribs  R  L

**Abdomen**

Abdomen FLAT/UPRIGHT

Abdomen KUB

Other \_\_\_\_\_

Aorta

Abdomen

Kidney/Bladder

Bladder

Prostate (Transpelvic)

Female Pelvis

(Includes both trans-vaginal and trans-abdominal)

Scrotum

Neonatal Brain

ABI

Venous-Lower Legs  
 Bilateral  R  L

Arterial-Lower Legs  
 Bilateral  R  L

Carotid

Other \_\_\_\_\_

### ADULT & PEDIATRIC CARDIAC

EKG

Echocardiogram

Other \_\_\_\_\_

### FILM/CD REQUEST

**Request Film Copies**  
 YES  NO

**Request CD Copies**  
 YES  NO

**Please Send Additional Referral Pads**

## PATIENT INFORMATION

- Arrive 30 minutes before your appointment
- Bring your insurance card
- Bring photo ID
- If a payment, co-payment, or deductible is due, it must be paid upon arrival
- Cash, credit card or check is an acceptable form of payment

## PATIENT PREPARATION FOR MRI

- An MRI may **not** be performed if you have a cardiac pacemaker, cerebral aneurysm clips, or a hearing implant
- If you ever had metal fragments in your eye(s) or you are/were a sheet metal worker, you may need a skull X-RAY prior to your MRI exam
- If you are pregnant, or think you may be pregnant please notify the staff

## PATIENT PREPARATION FOR X-RAY

- If you are pregnant, or think you may be pregnant please notify the staff

## PATIENT PREPARATION FOR ULTRASOUND

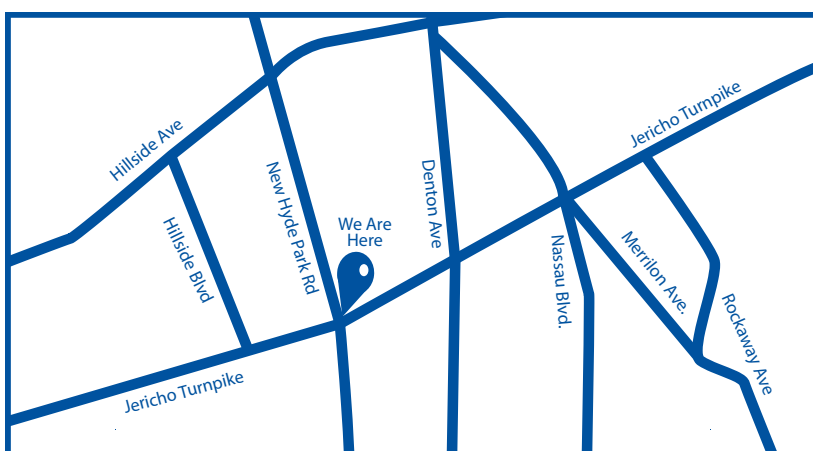
- The following ultrasound exams require preparation:

### Abdominal Ultrasound

- **Do not** eat or drink 8 hours prior to exam
- If you need to take medication, take it with a small amount of water
- If you are diabetic, schedule the exam for the first appointment in the morning

### Pelvic Ultrasound

- Drink 32 oz of water one hour prior to exam
- **Do not** urinate prior to exam
- Arrive 15 minutes early to allow technologist to check if your bladder is full



For easy directions please visit our website at [www.jerichosi.com](http://www.jerichosi.com). Our website also offers additional information about Jericho Specialty Imaging, including patient paperwork that can be downloaded and completed prior to your appointment.