JSI Jericho Specialty Imaging

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Accredited by
The Joint Commission

Patient: Date:

Referring Physician: Referring Physician Signature:

Physician's Phone: Fax:

Clinical History and Reason for Study:

MRI

Neuro / ENT / Spine

	Contrast with	Contrast without
❍ Cervical Spine	❑	❑
❍ Thoracic Spine	❑	❑
❍ Lumbar Spine	❑	❑
❍ Brain	❑	❑
❍ Pituitary	❑	❑
❍ Orbits	❑	❑
❍ IAC	❑	❑
❍ Soft Tissue Neck	❑	❑
❍ TMJ	❑	❑
❍ Other_____		

Orthopedic

	R	L	Contrast with	Contrast without
❍ Shoulder	❑	❑	❑	❑
❍ Elbow	❑	❑	❑	❑
❍ Wrist	❑	❑	❑	❑
❍ Hand	❑	❑	❑	❑
❍ Hip	❑	❑	❑	❑
❍ Knee	❑	❑	❑	❑
❍ Ankle	❑	❑	❑	❑
❍ Foot	❑	❑	❑	❑
❍ Other _____				

MRA

	Contrast with	Contrast without
❍ Brain (COW)	❑	❑
❍ Carotid	❑	❑
❍ MR Venogram	❑	❑
Specify _____		

Body

	Contrast with	Contrast without
❍ Abdomen	❑	❑
Specify _____		
❍ Prostate	❑	❑
❍ MRCP	❑	❑
❍ Pelvis	❑	❑
❍ Brachial Plexus	❑	❑
❍ Clavicle/SC Joint	❑	❑
Other _____		

ADDITIONAL INFORMATION

IV Sedation ❍ YES ❍ NO

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

❍ Bun _____
❍ Creatinine _____
❍ Date of Blood Work _____

X-RAY

Skeletal

❍ Skull
❍ Cervical Spine
❍ Thoracic Spine
❍ Lumbar Spine
❍ Pelvis
❍ Bone Age
❍ Sacrum/Coccyx
❍ Scoliosis Series

Extremities

	R	L
❍ AC Joints	❑	❑
❍ SI Joints	❑	❑
❍ Shoulder	❑	❑
❍ Scapula	❑	❑
❍ Clavicle	❑	❑
❍ 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 _____

ULTRASOUND

General

❍ Aorta
❍ Abdomen
❍ Kidney/Bladder
❍ Bladder
❍ Prostate (Transpelvic)
❍ Female Pelvis
(Includes both trans-vaginal and trans-abdominal)
❍ Scrotum
❍ Neonatal Brain
❍ ABI
❍ Thyroid

Vascular

❍ Carotid Doppler
❍ Transcranial Doppler
❍ Renal Arterial Doppler
❍ Venous Doppler
❍ Lower Extremity
❑ Bilateral ❑ R ❑ L
❍ Upper Extremity
❑ Bilateral ❑ R ❑ L
❍ Arterial Doppler
❍ Lower Extremity
❑ Bilateral ❑ R ❑ L
❍ Upper Extremity
❑ Bilateral ❑ R ❑ L

Musculoskeletal

❍ Shoulder	❑ Bilateral	❑ R	❑ L
❍ Knee	❑ Bilateral	❑ R	❑ L
❍ Wrist	❑ Bilateral	❑ R	❑ L
❍ Elbow	❑ Bilateral	❑ R	❑ L
❍ Ankle	❑ Bilateral	❑ R	❑ L
❍ Foot	❑ Bilateral	❑ R	❑ L

❍ Groin

❍ Other _____

ADULT & PEDIATRIC CARDIAC

❍ EKG
❍ Echocardiogram

FILM/CD REQUEST

❍ Request Film Copies
❍ Request CD Copies
❍ Please Send Additional Referral Pads

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PATIENT INFORMATION

- Arrive 15 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

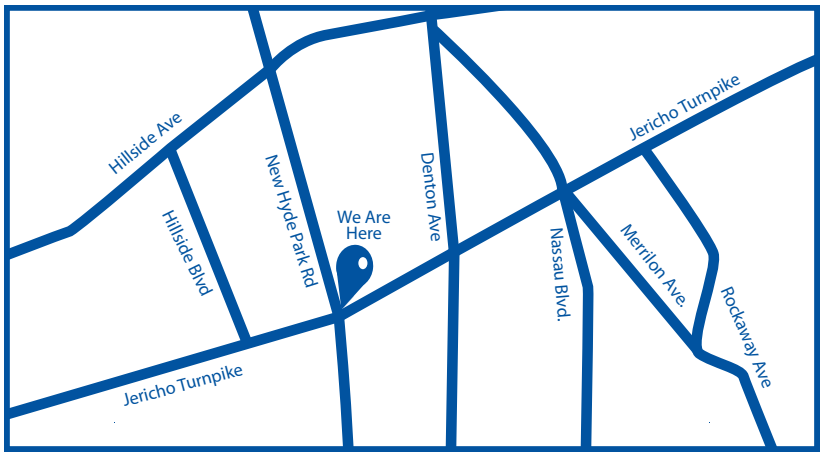
- The following ultrasound exams require preparation:

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. Our website also offers additional information about Jericho Specialty Imaging, including patient paperwork that can be downloaded and completed prior to your appointment.

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