ADVANTAGE MRI

Logan Square
Open MRI

2008 N, Pulaski Rd • Chicago, IL 60639
Ph: 773.227.9777 • Fax: 773.227.9888

Appointment Date:____________________

Appointment Time:____________________

Patient Name____**DOB**____
Patient Phone____**EMAIL**______________________________________
Clinical Information (signs, symptoms, diagnosis):____
Sex: _________**Ins Name:**___________________________________**Ins ID:**____

□ Commercial Insurance □ Auto □ Workman's Comp □ P.I.

Patient must bring valid photo ID, Insurance/Claim Number / Attorney / Adjuster Information

Magnetic Resonance Imaging MRI

Contrast Media □ Without Only □ With and Without

HEAD
- □ Brain □ Brainstem
- □ Pituitary
- □ IAC's
- □ Orbits
- □ Sinuses
- □ Neck (Soft Tissue)
- □ TMJ's □ L □ R
- □ MRA □ Circle of Willis □ Carotid Arteries

UPPER EXTREMITY
- □ Shoulder □ L □ R
- □ Elbow □ L □ R
- □ Wrist □ L □ R
- □ Hand / Finger □ L □ R
- □ Upper Arm □ L □ R
- □ Lower Arm □ L □ R

ABDOMEN
- □ Liver
- □ Kidney □ L □ R
- □ Adrenal □ L □ R
- □ Pancreas
- □ Pelvis
- □ Bony Pelvis
- □ Other__________

LOWER EXTREMITY
- □ Hip □ L □ R
- □ Knee □ L □ R
- □ Ankle □ L □ R
- □ Foot □ L □ R
- □ Upper Leg □ L □ R
- □ Lower Leg □ L □ R

SPINE
- □ Cervical
- □ Thoracic
- □ Lumbar
- □ Sacrum
- □ Coccyx

X-Ray

CHEST
- □ Single View
- □ Tow View
- □ Ribs □ L □ R
- □ Cervical
- □ Thoracic
- □ Lumbar
- □ Sacr&Coccyx
- □ Pelvis
- □ Abd-KUB

SKULL
- □ Skull Series
- □ Facial Bones
- □ Nasal Bones
- □ Sinus Series
- □ Orbit Views
- □ Mandible

EXTREMITIES
- □ Clavicle □ L □ R
- □ AC Joint □ L □ R
- □ SC Joint □ L □ R
- □ Scapula □ L □ R
- □ Shoulder □ L □ R
- □ Elbow □ L □ R
- □ Forearm □ L □ R
- □ Wrist □ L □ R
- □ Hand □ L □ R
- □ Finger □ L □ R
- □ Hip □ L □ R
- □ Femur □ L □ R
- □ Knee □ L □ R
- □ Tibia/Fib □ L □ R
- □ Ankle □ L □ R
- □ Foot □ L □ R
- □ Toes □ L □ R
- □ Calcaneus □ L □ R

Ultrasound

CARDIAC
- □ 2D Echo w/Dplr|Clr, Comp.
- □ EKG
- □ 2D Echo w/o Dplr, Comp.

CAROTID DOPPLER
- □ Carotid Dplr, Duplex , Comp
- □ Carotid Dplr, Uni, Ltd

VENOUS DOPPLER
- □ Upr OR Lwr, Bi, Comp
- □ Upr OR Lwr, Uni, Ltd

ARTERIAL DOPPLER
- □ Upr OR Lwr, Bi, Comp
- □ Upr OR Lwr, Uni, Ltd

ABDOMEN | SMALL PARTS
- □ Abdominal Complete
- □ Abdominal Limited_____
- □ Breast
- □ OB/Gyn
- □ AAA
- □ Thyroid
- □ Pelvic
- □ Prostate | □ Scrotum

CD Request □ Yes □ No □ **Report Only** **CD To Patient** □ Yes □ No **Radiology Reading** □ MD □ DC

Nuclear Imaging
- □ Cardiolite Stress Test
- □ Cardiolite Adenosine Stress
- □ Cardiolite Dobutamine Stress
- □ Single Myocardial Perf. Img.
- □ Multi Myocardial Perf. Img.

Cardiovascular
- □ EKG □ Stress Echo
- □ 2DEcho □ Carotid
- □ Arterial □ TEE
- □ Venous □ Telemetry
- □ AAA

Neurology (EMG/NCS)
- □ Upper Ext. □ Lower Ext.
- □ Right □ Left
- □ 24 Hr EEG □ PSG
- □ CPAP Titration □ Sleep Test

Diabetic Screening
- □ Diabetic Retinopathy
- □ Diabetic Neuropathy
- □ PAD/PVD (ABI)

Requesting Physician:____ Phone #:____________________

Requesting Physician's Signature:__________________________________ Fax #:____________________