



JERSEY ADVANCED MRI

& Diagnostic Center



ACCREDITED FACILITY

1 Kathleen Drive, Suite 4, Jackson, NJ 08527 | TEL 732-901-6745 | FAX 732-901-7550

PATIENT NAME _____

DATE OF BIRTH _____ PATIENT PHONE _____

DIAGNOSIS / REASON FOR EXAM _____

Please provide a specific diagnosis, sign or symptom supporting medical necessity. "Rule out," possible or probable conditions may not meet payer coding requirements.

REFERRING PHYSICIAN _____ PHONE _____

PHYSICIAN SIGNATURE _____ DATE _____

IMAGING EXAM REQUEST

PACS ACCESS FOR REFERRING PHYSICIANS
PLEASE VISIT WWW.JERSEYADVANCEDMRI.COM

HIGH PERFORMANCE OPEN MRI

☐ WITH AND WITHOUT CONTRAST ☐ WITHOUT CONTRAST
BUN _____ CREATININE _____ eGFR _____

HEAD / NECK

- ☐ Brain (routine)
- ☐ Brain (seizure protocol)
- ☐ IAC's
- ☐ Orbits (optic nerve)
- ☐ Pituitary Gland (w/wo contrast)
- ☐ Sinuses
- ☐ TMJ
- ☐ Neck (soft tissue)

SPINE

- ☐ Cervical Level: _____
- ☐ Thoracic Level: _____
- ☐ Lumbar Level: _____
- ☐ Pelvic Bone (w/sacrum/coccyx)

CHEST / ABDOMEN / PELVIS

- ☐ Chest
- ☐ Abdomen
- ☐ MR Urogram (no contrast)
- ☐ Pelvis

EXTREMITIES

- ☐ Shoulder L / R / B
- ☐ Elbow L / R / B
- ☐ Wrist L / R / B
- ☐ Hand L / R / B
- ☐ Hip L / R / B
- ☐ Knee L / R / B
- ☐ Ankle L / R / B
- ☐ Foot L / R / B

SPECIAL MRI

- ☐ MR Angiogram
- ☐ MR Venography

ULTRASOUND

- ☐ Thyroid
- ☐ Carotid
- ☐ Abdomen Complete
- ☐ Abdomen Limited
(Specify Organ) _____
- ☐ Pelvis
(Transabdominal / Transvaginal)
- ☐ OB (1st Trimester)
- ☐ OB (Targeted)
- ☐ OB (BPP - Limited Scan)
- ☐ Renal / Kidneys
- ☐ Gallbladder
- ☐ Liver
- ☐ Spleen
- ☐ Pancreas
- ☐ Aorta (Abdominal)
- ☐ Testicular w/ Doppler
- ☐ Extremity (Specify): _____
- ☐ Other (Specify) _____

SPECIAL INSTRUCTIONS / PROCEDURES NOT LISTED



Patient Preparation Instructions

Please follow the instructions for your scheduled exam. Call our office if you have questions.

MRI (High Performance Open MRI)

- Please inform us if you have any of the following:
 - Surgical vascular clips; neurostimulators; cochlear implants;
 - breast tissue expander; IVC filter; penile implants;
 - silver-backed dermal patches.
- Do not wear eye make-up. Music is available during the examination.

PATIENTS WITH PACEMAKERS, CEREBRAL ANEURYSM CLIPS OR FERROMAGNETIC IMPLANTS CANNOT HAVE AN MRI EXAM PERFORMED.

Breast MRI

- Schedule between the 7th and 14th day after the menstrual cycle.

ULTRASOUND

- Abdomen (gallbladder):
Nothing to eat or drink for 6–8 hours before exam.
- Pelvis: Drink 32 oz. of water 1 hour before exam (do not empty bladder).
- OB: Drink 32 oz. of water 1 hour before exam (do not empty bladder).
- Renal/Bladder: Drink 32 oz. of water 1 hour before exam (do not empty bladder).
- For other exams, please call our office for specific instructions.

ATTENTION ALL PATIENTS

- Wear loose, comfortable clothing for your diagnostic exam.
- Please do not bring valuables.
- Bring all related results and copies of prior studies.

Asthmatic or allergic patients: please pre-medicate as directed.
Diabetic patients needing contrast: alert our office when scheduling.

OTHER INFORMATION

- Please bring this form, your insurance card and identification with you on the day of your exam.
- Arrive at least 15 minutes prior to your appointment time to register.
- If unable to keep your appointment, please give (24) hour notice.

Jackson Location

**Jersey Advanced MRI
& Diagnostic Center**

**1 Kathleen Drive, Suite 4
Jackson, NJ 08527**

(Right off West County Line Road)

Tel: 732-901-6745

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www.jerseyadvancedmri.com

