



# JERSEY ADVANCED MRI

## & Diagnostic Center



ACR ACCREDITED FACILITY

2127 Kennedy Blvd, North Bergen, NJ 07047 | TEL 201-552-9464 | FAX 201-552-9467

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](http://WWW.JERSEYADVANCEDMRI.COM)

#### MRI / MRA

☐ 3T MRI ☐ OPEN MRI

BUN \_\_\_\_\_ CREATININE \_\_\_\_\_ eGFR \_\_\_\_\_

☐ WITH AND WITHOUT CONTRAST ☐ WITHOUT CONTRAST

##### HEAD

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

##### SPINE

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

##### CHEST / BODY

- ☐ Neck (soft tissue)
- ☐ Breast MRI with CAD (bilateral) w/wo

##### ABDOMEN

- ☐ Abdomen w/o contrast
- ☐ Abdomen w/wo contrast
- ☐ MR Urogram (no contrast)

##### PELVIS

- ☐ Pelvis w/o contrast
- ☐ Pelvis w/wo contrast
- ☐ Male Pelvic Bone
- ☐ Female Pelvic
- ☐ Prostate Multiparametric 3D w/wo

##### MR ANGIOGRAM

- ☐ Carotids
- ☐ Cerebral
- ☐ Renals
- ☐ Aorta
- ☐ Lower Extremities Runoff
- ☐ Upper Extremities Runoff
- ☐ MRCP

##### MR VENOGRAPHY

- ☐ Abdomen
- ☐ Pelvis
- ☐ Chest
- ☐ Neck
- ☐ Cerebral

##### EXTREMITIES

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

##### MRI ARTHROGRAM

- ☐ Shoulder w/wo L / R / B
- ☐ Elbow w/wo L / R / B
- ☐ Wrist w/wo L / R / B
- ☐ Hip w/wo L / R / B
- ☐ Knee w/wo L / R / B
- ☐ Ankle w/wo L / R / B

#### SPECIAL INSTRUCTIONS / PROCEDURES NOT LISTED

#### CT SCAN

BUN \_\_\_\_\_ CRE \_\_\_\_\_ eGFR \_\_\_\_\_

☐ WWO CONTRAST ☐ WITHOUT CONTRAST

##### CT SCAN

- ☐ Brain w/3D
- ☐ Pituitary w/3D
- ☐ Orbits w/3D
- ☐ Temporal Bones/IAC w/3D
- ☐ Sinuses w/3D
- ☐ Sinuses w/Landmark Protocol
- ☐ Neck-Soft Tissue w/3D
- ☐ Lung w/3D
- ☐ Chest w/3D
- ☐ Abdomen/Pelvis w/3D
- ☐ Pelvis w/3D
- ☐ Cervical Spine w/3D
- ☐ Thoracic Spine w/3D
- ☐ Lumbar Spine w/3D
- ☐ Extremities w/3D

##### CT-ANGIO

- ☐ CTA Head
- ☐ CTA Carotid
- ☐ CTA Chest
- ☐ CTA Abdomen Aorta
- ☐ CTA Pelvis
- ☐ CTA Upper
- ☐ CTA Lower
- ☐ CTA Aorta

##### SONOGRAPHY

- ☐ Abdomen/Retroperitoneum w/Doppler
- ☐ Female Pelvis Transabd/Transvag
- ☐ OB Sono 1st Trimester w/Doppler
- ☐ OB Sono Targeted w/Doppler
- ☐ OB Sono BPP Limited Scan
- ☐ Male Pelvis/Transabd w/Doppler
- ☐ Thyroid w/Color Mapping
- ☐ Breast w/Color Mapping
- ☐ Testicular w/Doppler
- ☐ Extremity
- ☐ Other

##### VASCULAR DOPPLER

- ☐ LE Arterial L / R / B
- ☐ UE Arterial L / R / B
- ☐ LE Venous L / R / B
- ☐ ABI L / R / B
- ☐ Carotid
- ☐ Vertebral w/Limited Intracranial
- ☐ Abdominal Vasculature
- ☐ Other

#### DIGITAL X-RAY

##### DIGITAL X-RAY

- ☐ Skull
- ☐ Orbits RT / LT
- ☐ Facial Bones
- ☐ Nasal Bones
- ☐ Paranasal Sinuses
- ☐ Nasopharynx/Soft Tissue Neck
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine/Pelvis
- ☐ Pelvis
- ☐ Sacrum/Coccyx
- ☐ SI Joints
- ☐ Shoulder RT / LT
- ☐ Scapula RT / LT
- ☐ Clavicle RT / LT
- ☐ Chest PA/LAT
- ☐ Ribs RT / LT
- ☐ Sternum
- ☐ Arm/Humerus RT / LT
- ☐ Elbow RT / LT
- ☐ Forearm RT / LT
- ☐ Wrist RT / LT
- ☐ Hand RT / LT
- ☐ Finger RT / LT
- ☐ Abdomen - KUB
- ☐ Abdomen - Flat/Upright
- ☐ Hip RT / LT
- ☐ Knee RT / LT
- ☐ Tibia/Fibula RT / LT
- ☐ Ankle RT / LT
- ☐ Heel/Calcaneous RT / LT
- ☐ Foot RT / LT
- ☐ Toe RT / LT
- ☐ Skeletal Survey
- ☐ Scoliosis Series
- ☐ Other

##### DIGITAL MAMMOGRAPHY / 3D

- ☐ Screening
- ☐ Diagnostic
- ☐ Unilateral RT / LT

##### DEXA

- ☐ Bone Mineral Density
- ☐ Vertebral Fracture Assessment

RADIOLOGY ORDER | PAGE 1 OF 2



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## Patient Preparation Instructions

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

### MRI / MRA

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.

### CT SCAN

Nothing to eat or drink for 8 hours before the exam except water.

Pick up barium bottles from our office before the exam day. Drink 1 bottle before bedtime and half a bottle 1 hour before the exam.

### DEXA

No calcium pills, vitamins with calcium, or dairy products on the day of the exam.

No nuclear medicine studies or contrast studies the day before the exam.

### ABDOMINAL SONOGRAM

Nothing to eat or drink for 8 hours before the exam.

### OB AND PELVIC SONOGRAM

Thirty minutes before the exam, drink 4 large glasses of water. Do not empty your bladder; a full bladder is required.

### DIGITAL MAMMOGRAM

Do not use powder, deodorant or perfume on the underarms or breast area on the day of the exam. Bring previous mammogram films.

### 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.**

### NORTH BERGEN LOCATION

## ***Jersey Advanced MRI & Diagnostic Center***

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