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Neuro Imaging Winter Park

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Patient Name: _____ Date of Birth: _____

Patient Phone(s): _____ Follow-up Appointment Date/Time: _____

Diagnosis/Clinical Concern: _____

Pertinent History/Comments: _____

Referring Physician: _____ Phone: _____

Referring Physician Signature: _____ Date: _____

Please select from each category:

A. Modality:
- ❑ MRI - 3T Open Bore
- ❑ CT - Multidetector
  - ❑ Add 3D

B. Intravenous Contrast:
- ❑ Yes
- ❑ No
- ❑ Radiologist Discretion

C. Sedation
- ❑ No
- ❑ Oral
- ❑ Intravenous

D. Side
- ❑ Left
- ❑ Right
- ❑ Bilateral
- ❑ Not Applicable

PLEASE SELECT ONE OR MORE EXAMS:

BRAIN
- ❑ Brain
- ❑ Internal Auditory Canals
- ❑ CSF Flow Supply
- ❑ Spectroscopy/Perfusion
- ❑ MR Pituitary
- ❑ Orbits
- ❑ Pediatric Ventricular Shunt Study

SPINE
- ❑ Cervical
- ❑ Thoracic
- ❑ Lumbosacral
- ❑ MR Myelography

HEAD AND NECK
- ❑ Temporal Bone/Skull Base
- ❑ Neck Soft Tissue
- ❑ Paranasal Sinus
- ❑ Facial Bones
- ❑ MR Brachial Plexus
- ❑ TMJ MR: ❑ Add Cine

MUSCULOSKELETAL
Add Arthrogram ❑ Yes ❑ No
- ❑ Shoulder
- ❑ Arm
- ❑ Forearm
- ❑ Elbow
- ❑ Wrist
- ❑ Hand/Thumb/Digit
- ❑ Hip
- ❑ Pelvis
- ❑ Sacrum/Coccyx
- ❑ Thigh
- ❑ Knee
- ❑ Lower Leg
- ❑ Ankle
- ❑ Forefoot

MR/CT ANGIOGRAPHY
- ❑ Cerebral
- ❑ Carotid
- ❑ Thoracic Outlet
- ❑ Thoracic Aorta
- ❑ Abdominopelvic
- ❑ Renal Arteries
- ❑ Extremity: ❑ Lower ❑ Upper

ABDOMEN
- ❑ Abdomen
- ❑ MRCP
- ❑ Pancreas
- ❑ Kidneys
- ❑ Liver

PELVIS
- ❑ Pelvis
- ❑ MR Uterus/Adnexa
- ❑ Pelvis Floor Laxity MR

CHEST
- ❑ Chest CT
- ❑ MR Mediastinum/Chest Wall
- ❑ Breast Implant Rupture

MR VENOGRAPHY
- ❑ Cerebral
- ❑ Extremity: ❑ Lower ❑ Upper

MRI IS CONTRAINDICATED FOR PATIENTS WITH NON-TITANIUM ANEURYSM CLIPS, PACEMAKERS, AND NOT RECOMMENDED IN FIRST TRIMESTER PREGNANCY

Rev. 09-14