

**Open MRI**

**PROGRESSIVE RADIOLOGY**  
106 Milford Street  
Suite 602  
Salisbury, MD 21804  
Phone 410-546-4300

**High Field MRI / CT Scans**

**PROGRESSIVE RADIOLOGY**  
1820 Sweetbay Drive  
Suite 102  
Salisbury, MD 21804  
Phone 410-546-3390

**Open MRI**

**PROGRESSIVE RADIOLOGY**  
314 Franklin Avenue  
Suite 406  
Berlin, MD 21811  
Phone 410-641-9560

<b>PATIENT NAME</b>	<b>APPT. DATE</b>	<b>APPT. TIME</b>	<b>PATIENT PHONE</b> (H) _____ (W) _____ (C) _____
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CALL STAT REPORT     FAX STAT REPORT     PATIENT TO RETURN W/FILMS     PATIENT TO RETURN W/CD

**REFERRING PHYSICIAN**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL (OPTIONAL) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

CALL ME ON MY CELL PHONE

WITH RESULTS.

**MRI**                       **CT**

<b>NEURO</b>	<b>BODY</b>	<b>MUSCULOSKELETAL</b>	<b>ANGIOGRAPHY</b>								
<input type="checkbox"/> BRAIN	<input type="checkbox"/> CHEST	<input type="checkbox"/> SHOULDER <table border="1"><tr><td>R</td><td>L</td><td>B</td></tr></table>	R	L	B	<input type="checkbox"/> CAROTIDS					
R	L	B									
<input type="checkbox"/> CERVICAL SPINE	<input type="checkbox"/> ABDOMEN	<input type="checkbox"/> ELBOW <table border="1"><tr><td>R</td><td>L</td><td>B</td></tr></table>	R	L	B	<input type="checkbox"/> CEREBRAL					
R	L	B									
<input type="checkbox"/> THORACIC SPINE	<input type="checkbox"/> PELVIS	<input type="checkbox"/> WRIST <table border="1"><tr><td>R</td><td>L</td><td>B</td></tr></table>	R	L	B	<input type="checkbox"/> RENAL ARTERIES					
R	L	B									
<input type="checkbox"/> LUMBAR SPINE	<input type="checkbox"/> BRACHIAL PLUXXUS	<input type="checkbox"/> HAND <table border="1"><tr><td>R</td><td>L</td><td>B</td></tr></table>	R	L	B	<input type="checkbox"/> THORACIC AORTA					
R	L	B									
<input type="checkbox"/> ORBITS	<input type="checkbox"/> LIVER	<input type="checkbox"/> HIP <table border="1"><tr><td>R</td><td>L</td><td>B</td></tr></table>	R	L	B	<input type="checkbox"/> ABDOMINAL AORTA					
R	L	B									
<input type="checkbox"/> PITUITARY	<input type="checkbox"/> KIDNEY	<input type="checkbox"/> KNEE <table border="1"><tr><td>R</td><td>L</td><td>B</td></tr></table>	R	L	B	<table border="1"> <tr><td><b>IV CONTRAST STUDIES</b></td></tr> <tr><td>BUN _____</td></tr> <tr><td>Creatinine _____</td></tr> <tr><td>Test Date _____</td></tr> <tr><td>Not Avail. _____</td></tr> </table>	<b>IV CONTRAST STUDIES</b>	BUN _____	Creatinine _____	Test Date _____	Not Avail. _____
R	L	B									
<b>IV CONTRAST STUDIES</b>											
BUN _____											
Creatinine _____											
Test Date _____											
Not Avail. _____											
<input type="checkbox"/> SOFT TISSUE PACK	<input type="checkbox"/> PANCREAS	<input type="checkbox"/> ANKLE (HINDFOOT) <table border="1"><tr><td>R</td><td>L</td><td>B</td></tr></table>	R	L	B						
R	L	B									
<input type="checkbox"/> TMJ	<input type="checkbox"/> MRCP	<input type="checkbox"/> FOOT (FOREFOOT AND MIDFOOT) <table border="1"><tr><td>R</td><td>L</td><td>B</td></tr></table>	R	L	B						
R	L	B									
<input type="checkbox"/> IAC's											
<input type="checkbox"/> OTHER (specify) _____											

**CONTRAST**

PRE & POST CONTRAST     WITHOUT ANY IV CONTRAST     AT RADIOLOGIST DISCRETION

**SYMPTOMS/DIAGNOSIS**

PLEASE REMEMBER THAT THE GOVERNMENT & INSURANCE COMPANIES NEED CLEAR DESCRIPTIONS OF THE PATIENT'S SYMPTOMS OR KNOWN DIAGNOSIS. THEY DISCOURAGE "RULE OUT" DIAGNOSES.

**FOLLOW-UP APPOINTMENT WITH REFERRING PHYSICIAN**

DATE \_\_\_\_\_ TIME \_\_\_\_\_

## Progressive Radiology

Milford Street Professional Center • 106 Milford Street, Suite 602

Salisbury, MD 21804

Phone 410-546-4300 • Fax 410-860-1810

[www.progressiveradiology.net](http://www.progressiveradiology.net)



### Southbound from Seaford, DE

Take Business Route 13 South into Salisbury. Pass Salisbury University. Turn left onto Milford Street. Turn right into the medical complex. We are Suite 602.

### Northbound from Virginia Eastern Shore and Pocomoke, MD

Take Business Route 13 North to Salisbury. Turn right onto Milford Street (after the Pine Bluff Road intersection.) Turn right into the medical complex. We are Suite 602.

### Westbound from Ocean City, MD

Take Route 50 West to Salisbury. Take Business Route 13 South. Pass Salisbury University. Turn left onto Milford Street. Turn right into the medical complex. We are Suite 602.

### Eastbound from Easton and Cambridge, MD

Take Route 50 East to Salisbury. Turn right at Business Route 13 South. Pass Salisbury University. Turn left onto Milford Street. Turn right into the medical complex. We are Suite 602.

## Progressive Radiology

The Fountains • 1820 Sweetbay Drive, Suite 102

Salisbury, MD 21804

Phone 410-546-3390 • Fax 410-546-6136

[www.progressiveradiology.net](http://www.progressiveradiology.net)



### Southbound from Seaford, DE

Take right onto 13/50 East. Exit onto Rt. 50 Business. Turn right onto Tilghman Road. Right onto Merritt Mill Road. Right onto Sweetbay Drive. Last complex on right. We are Suite 102.

### Northbound from Virginia Eastern Shore and Pocomoke, MD

Take exit onto Rt. 50 Business. Turn right onto Tilghman Road. Right onto Merritt Mill Road. Right onto Sweetbay Drive. Last complex on right. We are Suite 102.

### Westbound from Ocean City, MD

Turn right onto Tilghman Road. Right onto Merritt Mill Road. Right onto Sweetbay Drive. Last complex on right. We are Suite 102.

### Eastbound from Easton and Cambridge, MD

Take Rt. 50 East (Bypass). Exit onto Rt. 50 Business. Turn right onto Tilghman Road. Right onto Merritt Mill Road. Right onto Sweetbay Drive. Last complex on right. We are Suite 102.

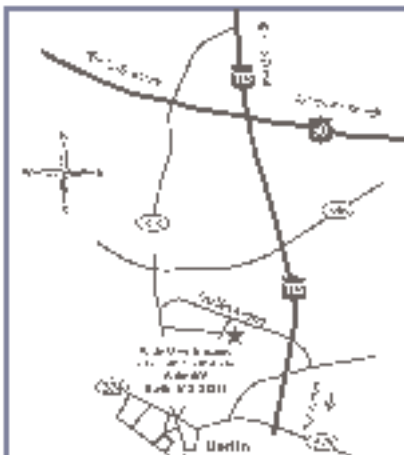
## Progressive Radiology

314 Franklin Avenue, Suite 406

Berlin, MD 21811

Phone 410-641-9560 • Fax 410-641-4662

[www.progressiveradiology.net](http://www.progressiveradiology.net)



### Southbound from Georgetown, DE

Take US 113 South to Berlin. Right at Franklin Avenue off US 113. Take first left into the medical complex. We are Suite 406.

### Northbound from Virginia Eastern Shore and Pocomoke, MD

Take US 113 North to Berlin. Left at Franklin Avenue off US 113. Take first left into the medical complex. We are Suite 406.

### Eastbound from Salisbury, MD

Take US 50 East. Exit to US 113 South. Go through first light. Next right is Franklin Avenue. Take first left into the medical complex. We are Suite 406.

### Westbound from Ocean City, MD

Take US 50 West. Exit to US 113 South. Go through first light. Next right is Franklin Avenue. Take first left into the medical complex. We are Suite 406.