

WIDE OPEN MRI
Poole Road Professional Center • 684C Poole Road
Westminster, MD 21157
Phone 410-386-0835
Fax 410-386-0840

PATIENT NAME	APPT. DATE	APPT. TIME	PATIENT PHONE (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 _____

<p>CALL ME ON MY CELL PHONE</p> <p>_____</p> <p>WITH RESULTS.</p>

MAGNETIC RESONANCE IMAGING (MRI)

NEURO	BODY	MUSCULOSKELETAL	ANGIOGRAPHY								
<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 PLEXUS	<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>IV CONTRAST STUDIES</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>	IV CONTRAST STUDIES	BUN _____	Creatinine _____	Test Date _____	Not Avail. _____
R	L	B									
IV CONTRAST STUDIES											
BUN _____											
Creatinine _____											
Test Date _____											
Not Avail. _____											
<input type="checkbox"/> SOFT TISSUE NECK	<input type="checkbox"/> PANCREAS	<input type="checkbox"/> ANKLE <table border="1"><tr><td>R</td><td>L</td><td>B</td></tr></table> (HINDFOOT)	R	L	B						
R	L	B									
<input type="checkbox"/> TMJ	<input type="checkbox"/> MRCP	<input type="checkbox"/> FOOT <table border="1"><tr><td>R</td><td>L</td><td>B</td></tr></table> (FOREFOOT AND MIDFOOT)	R	L	B						
R	L	B									
<input type="checkbox"/> IAC'S											
<input type="checkbox"/> OTHER (Specify) _____											

CONTRAST

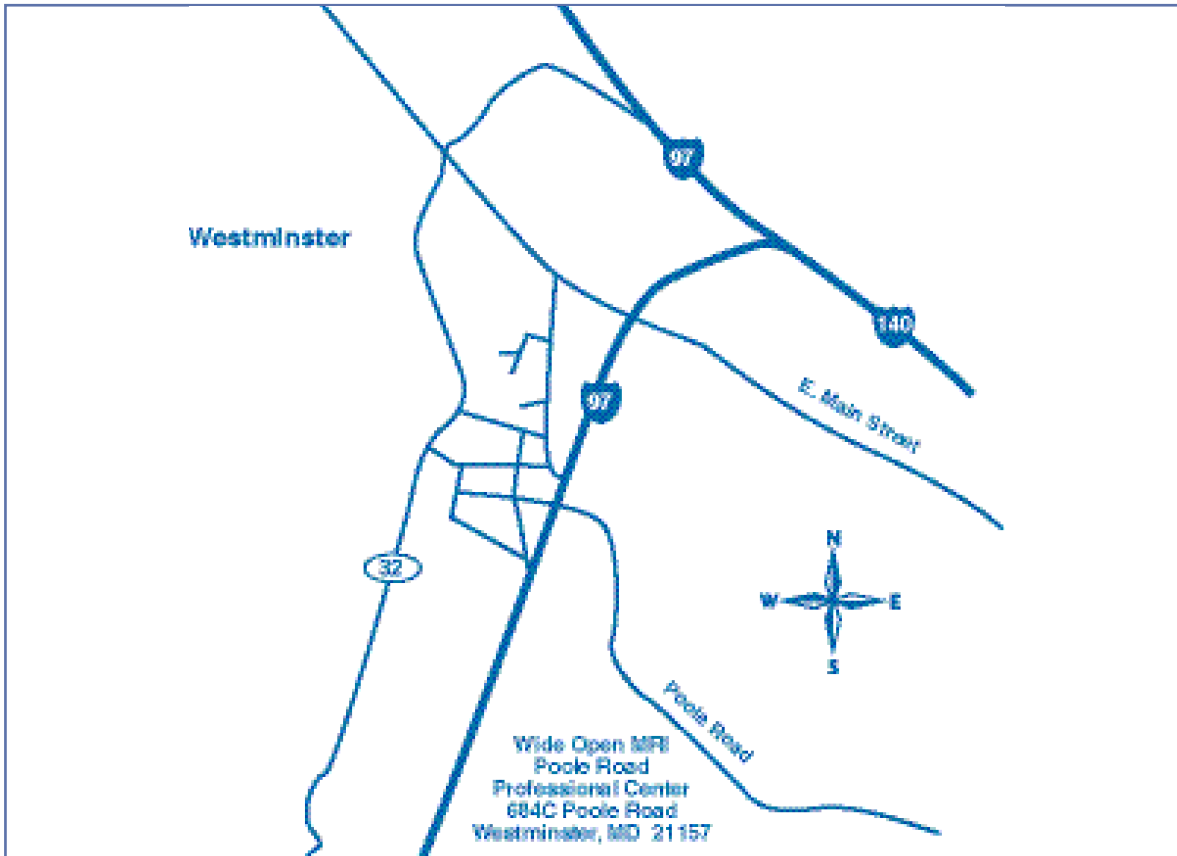
PRE & POST CONTRAST WITHOUT ANY IV CONTRAST AT RADIOLOGIST DISCRETION

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 _____



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www.progressiveradiology.net

From South and West - Frederick, MD

From US 70 E take Exit 76 to 97 N. Turn right on Poole Road. Facility located on right.

From East - Baltimore, MD

Beltway 695 to US 795 W. Turn onto US 140 towards Westminster. Turn left on US 97 S (Malcolm Drive). At 3rd light turn left onto Poole Road. Facility located on right.

From Northwest - Gettysburg, PA

US 97 S to US 140 E. Turn right onto 97 S (Malcolm Drive). At 3rd light turn left onto Poole Road. Facility located on right.

From North - Hanover, PA

US 94 S in PA becomes MD-30. Right onto US 27 S then exit to US 140 E. Turn right to US 97 S (Malcolm Drive) At 3rd light turn left onto Poole Road. Facility located on right.