EBR
Edgebrook Radiology

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Patient Name: ..... DOB: .....
Referring Physician's Name: .....
Physician's Phone#: ..... Fax: .....

Open MRI

- ☐ **HEAD**
  - ☐ Brain
  - ☐ IAC's
  - ☐ Orbits
  - ☐ Pituitary
  - ☐ TMJ
  - ☐ Other
- ☐ **NECK (Soft tissue)**
- ☐ **CHEST**
- ☐ **ABDOMEN**
- ☐ **PELVIS**
- ☐ **ARTHROGAM**
- ☐ **ANGIOGRAPHY**
  - ☐ Carotids
  - ☐ Cerebral
  - ☐ Other
- ☐ **SPINE**
  - ☐ Cervical
  - ☐ Thoracic
  - ☐ Lumbar
- ☐ **EXTREMITY**
  - ☐ Shoulder L R B
  - ☐ Ankle L R B
  - ☐ Elbow L R B
  - ☐ Foot L R B
  - ☐ Hand L R B
  - ☐ Knee L R B
  - ☐ Other L R B

ULTRASOUND

- ☐ Aorta
- ☐ Liver/GB/Pancreas
- ☐ Kidney/Spleen
- ☐ Breast
- ☐ Thyroid
- ☐ Testicle
- ☐ Prostate
- ☐ Pelvis
- ☐ OB
- ☐ Doppler
- ☐ Transvaginal
- ☐ Other

MULTI SLICE CT

- ☐ Head
- ☐ Sinuses
- ☐ Facial Bone
- ☐ Temporal Bone
- ☐ Neck Soft
- ☐ Chest
- ☐ Abdomen
- ☐ Kidney Stone
- ☐ Pelvis
- ☐ Spine: C/T/L
- ☐ Extremity
- ☐ Lung Screen
- ☐ **DEXA**

X-RAYS

- ☐ Chest
- ☐ Sternum
- ☐ Clavicle
- ☐ Ribs
- ☐ Spine: C/T/L
- ☐ Hip
- ☐ Pelvis
- ☐ Skull
- ☐ Orbits / FB
- ☐ Extremity: RL
- ☐ Knee
- ☐ Other

☐ **EMG** ☐ **EKG** ☐ **MAMMO**

☐ **MRI SCREENING**

Patient Pregnant	Y	N
Cardiac Pacemaker	Y	N
Aneurysm Clip in Brain	Y	N
History of Intra Ocular	Y	N
Metallic Foreign Body	Y	N

☐ **Contrast Study Requested**

Diagnosis: .....
.....
Physician's Signature: ..... Date: .....