RARITAN BAY
DIAGNOSTIC IMAGING

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Alternate Appointment Scheduling
Tel: 732-798-5444
or visit us at www.raritanbaymri.com

Patient _____

Appointment Date _____ Time _____

SAME DAY APPOINTMENT

MRI High Field 1.5T

	with Contrast	without Contrast
❑ Abdomen	❑	❑
❑ MRCP	❑	❑
❑ Pelvis	❑	❑
❑ Chest	❑	❑
❑ Prostrate	❑	❑
❑ Breast	❑	❑
❑ Brain	❑	❑
❑ Internal Auditory Canals	❑	❑
❑ Orbits	❑	❑
❑ Pituitary	❑	❑
❑ Cervical Spine	❑	❑
❑ Lumbar Spine	❑	❑
❑ Thoracic Spine	❑	❑
❑ Neck (Soft Tissue)	❑	❑
❑ Brachial Plexus	❑	❑

	L	R
❑ Knee	❑	❑
❑ Shoulder	❑	❑
❑ Ankle	❑	❑
❑ Foot	❑	❑
❑ Toes	❑	❑
❑ Wrist	❑	❑
❑ Elbow	❑	❑
❑ Hip	❑	❑
❑ TM Joints	❑	❑

MR Angiography High Field 1.5T

- ❑ Neck/Carotid
- ❑ Brain/Circle of Willis
- ❑ Aorta
- ❑ Renal
- ❑ Runoff to Thighs
- ❑ Runoff to Ankles
- ❑ Other

ULTRASOUND

	L	R
❑ Abdominal U/S w/Doppler		
❑ Renal U/S w/Doppler		
❑ Thyroid Head/Neck w/Doppler		
❑ Scrotal U/S w/Doppler		
❑ OB 1st Trimester w/Doppler		
❑ OB 2nd Trimester w/Doppler		
❑ Carotid Duplex		
❑ Venous Upper Extremity	❑	❑
❑ Venous Lower Extremity	❑	❑
❑ Arterial Upper Extremity	❑	❑
❑ Arterial Lower Extremity	❑	❑
❑ Abdomen *Liver Gallbladder Pancreas*		
❑ Aorta		
❑ Bladder		
❑ Breast		
❑ OB - 1st Trimester		
❑ OB - 2nd Trimester		
❑ OB - Fetal Survey		
❑ OB - 3rd Trimester		
❑ OB - Biophysical Profile		
❑ Pelvic		
❑ Pelvic (transvaginal)		
❑ Prostate (endorectal)		
❑ Renal		
❑ Scrotal		
❑ Thyroid		
❑ Other: _____		

MAMMOGRAPHY

- ❑ Mammogram Screen/Yearly *CAD Screening*
- ❑ Mammogram Unilateral *CAD Diagnostic*
- ❑ Mammography Bilateral *CAD Diagnostic*

X-RAY

	L	R
❑ Abdomen (KUB)		
❑ Abdomen *(Obstructive Series)*		
❑ Bone Age		
❑ Chest AP & Lat		
❑ Chest Single View		
❑ Facial Bones		
❑ Mandible		
❑ Nasal Bones		
❑ Neck (soft tissue)		
❑ Orbitis		
❑ Pelvis		
❑ Sacroiliac Joints		
❑ Sacrum and Coccyx		
❑ Sinuses		
❑ Scoliosis Series		
❑ Skull		
❑ Skeletal Survey		
❑ Cervical Spine		
❑ Lumbar Spine		
❑ Thoracic Spine		
❑ Entire Spine		
❑ Extremity		
Shoulder	❑	❑
Elbow	❑	❑
Wrist	❑	❑
Hand	❑	❑
Hip	❑	❑
Knee	❑	❑
Ankle	❑	❑
Foot	❑	❑
❑ Other: _____		

AVAILABLE EVENINGS & WEEKENDS

Clinical Information:

Referring Physician _____
Address _____
Phone _____
Signature _____

❒ STAT Report Requested ❒ Report Only ❒ Films + Report

PATIENT INSTRUCTIONS

MRI

1. Wear loose clothing with no zippers or metallic parts.
2. Remove the following items and place them in a private locker.

- Eyeglasses
- Hearing Aid
- Dentures
- Keys
- Jewelry
- Coins
- Wallet
- Credit Cards
- Hair Pins

Ultrasound

Abdomen: Nothing to eat or drink 4 hours before exam.
Pelvis / OB: Drink 32 ounces of water one hour prior to exam. You must drink all 32 ounces within 30 minutes. Do Not Urinate.

Please bring all insurance information with you to your appointment.

OFFICE LOCATION

The facility is located at **551 New Brunswick Avenue in Perth Amboy.**