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ATLANTIC RADIOLOGIC IMAGING

ORTHOPEDIC MRI REQUEST FORM

Patient Name: _____ Date of Birth: _____
 Account Number: _____ Height/Weight: _____ Home Phone: _____
 Insurance: _____ Policy ID#: _____ Group#: _____
 MRI appointment date: _____ Call to schedule appointment: _____
 Nature/Cause of Injury: _____
 Diagnosis/ICD-9 Code: _____ Previous MRI/Surgery: _____

Upper extremity: (Please check all that apply)

Shoulder:

- Rotator cuff tear
- AC joint arthrosis/impingement
- Acromial spur/impingement
- Glenohumeral joint arthrosis
- Calcific tendonitis
- Subacromial bursitis
- Biceps tear
- Ganglion/paralabral cyst
- Humeral fracture/contusion
- Loose body
- Other: _____

Elbow:

- Medial epicondylitis
- Lateral epicondylitis
- Supracondylar fracture
- Radial head fracture
- Olecranon bursitis
- Biceps tendonosis/tear
- Triceps tendonosis/tear
- Ulnar nerve transposition/neuritis
- Osteoarthritis
- Loose body
- Other: _____

Wrist/Hand:

- Scaphoid fracture
- Scapholunate lig tear
- TFCC tear
- Carpal tunnel
- Guyon's canal
- Ganglion cyst
- DRUJ synovitis
- Keinbock's Dx
- Flexor tenosynovitis
- Extensor tenosynovitis
- Other: _____

Lower extremity: (Please check all that apply)

Pelvis/Hip:

- Stress fracture
- Avascular necrosis
- Osteoarthritis
- Greater trochanteric bursitis
- Iliopsoas bursitis
- Gluteus tendon tear
- Hamstring tendon tear
- Ganglion/paralabral cyst
- Greater trochanter fx
- Loose body
- Other: _____

Knee:

- Meniscal tear
- ACL/PCL tear
- Avascular necrosis
- Patella/Quadriceps tendon tear
- Chondral/Subchondral injury
- MCL sprain
- Patellofemoral pain
- Iliotibial band syndrome
- Tibial plateau fracture
- Loose body
- Other: _____

Ankle/Foot:

- Achilles tear
- Plantar fasciitis
- Calcaneal fracture
- Metatarsal fracture
- PTT (flexor) tear
- Peroneal tear
- OLT (talar dome)
- Osteoarthritis
- Anterolat Impingement
- Sinus Tarsi syndrome
- Other: _____

COMMENTS: _____

PLEASE SPECIFY Arthrogram or IV Contrast **Referring Physician Signature:** _____
 IF NEEDED