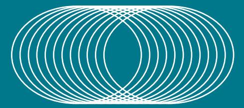


For Appointment: Tel. 732.431.7600 Fax 732.431.1606

Hours of Operation: Monday — Friday: 8:00AM – 6:00PM
Saturday: 8:00AM – 1:00PM

Patient's Name ______________________ Appointment Date ________ Time________

Referring Physician ______________________

Address ______________________ Phone ______________________

Physician's Signature ______________________ Fax ______________________

Diagnosis/Rule Out ______________________

MRI (Magnetic Resonance Imaging)

Contrast: ☐ NO ☐ YES

			L	R		L	R
☐ Brain	☐ TM Joints	☐ Shoulder	☐	☐	☐ Ankle	☐	☐
☐ Posterior Fossa	☐ C-Spine	☐ Elbow	☐	☐	☐ Foot	☐	☐
☐ Pituitary	☐ T-Spine	☐ Wrist	☐	☐			
☐ IACs	☐ L-Spine	☐ Hip	☐	☐	☐ Pelvis		
☐ Orbits	☐ Neck (Soft/Tissue)	☐ Knee	☐	☐	☐ Abdomen/Liver		

MRA (MR Angiography)

☐ Intra-Cranial/Circle of Willis ☐ ExtraCranial/Carotids ☐ Other ______________________

CT-SCAN (Computed Tomography)

Contrast: ☐ NO ☐ YES BUN: __________ CREATININE: __________

☐ Head	☐ IACs	☐ Pelvis	☐ Extremities ______________
☐ Sinuses	☐ Neck	☐ C-Spine	
☐ Orbits	☐ Chest	☐ T-Spine	☐ Other ______________
☐ Nasal/Facial	☐ Abdomen	☐ L-Spine	

ULTRASOUND

☐ Gallbladder	☐ Renal	☐ Carotid Doppler	☐ Aorta
☐ Liver	☐ Pelvic	☐ Arterial Doppler	☐ Thyroid
☐ Abdomen	☐ Obstetrical	☐ Venous Doppler	☐ **Echo Cardiogram**

DIGITAL X-RAY

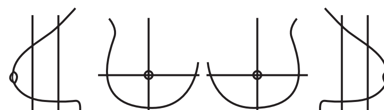
☐ Head	☐ Chest	☐ C-Spine	☐ Extremities ______________
☐ Liver	☐ Abdomen	☐ T-Spine	

BONE DENSITOMETRY

☐ Total Body	☐ Spine	☐ Forearm
☐ Orthopedic Hip	☐ Femur	☐ Other ______________

MAMMOGRAPHY

☐ Screening ☐ Diagnostic



SCAN PREP INSTRUCTIONS:

MRI:

- Follow your usual routine: eat normally and take any regular medications.
- At the Clinic, you will be asked to remove any metal objects such as jewelry, watches, hairpins, or dentures.
- Leave any bank or charge cards outside the scan area as the magnet may erase any data from these cards.

> **Note: Absolutely NO MRI Scans for patients with Cardiac Pacemakers, Aneurysm Clips, or Cochlear Implants**

A secure, keyed locker will be provided for your valuables.

CT-SCAN:

CT-Scan of abdomen and pelvis require patient not to eat 6 hours prior to the exam. All CT-Scans with IV Contrast require patient not to eat for 6 hours prior to the exam. Please notify us with your most recent BUN and Creatinine (if above age 40) for kidney function assessment. You should also notify us if you have allergies particularly to iodine or if you are a diabetic taking Glucophage.

ULTRASOUND:

PELVIC OR TRANSVAGINAL: 1 hour before the appointment, drink at least 4 glasses (32 oz.) of water. Do not urinate.

ABDOMINAL: Absolutely nothing to eat or drink 8 hours before the test. There are no specific preparation instructions for: Breast, Renal, Carotid, Testicular, Thyroid, and Doppler exams.

MAMMOGRAPHY:

Schedule your exam 7-10 days after the first day of your menstrual cycle. DO NOT use deodorants or powders under your arms or around your breast area on the area on the day of your exam.

APPOINTMENTS:

To make your appointment convenient and efficient, please bring your insurance card(s) and any previous reports or films pertaining to the area of examination with you when you come. Please arrive 15 minutes prior to your appointment time to register.

DRIVING DIRECTIONS:

South on Route #9 from Garden State Parkway:

From Garden State Parkway South exit at 123 toward Sayreville/Old Bridge. Merge onto 9 South. Proceed south on Route 9 for approximately 12 miles until you arrive at Taylors Mills Road. Turn right, Atrium Diagnostic Imaging is 100 yards on your right.

North on Route #9 from Freehold Area:

Proceed north on Route 9 until you arrive at Taylors Mills Road. Take jughandle and cross over Route 9. Atrium Diagnostic Imaging is 100 yards on your right.

224 Taylors Mills Road, Suite 108, Manalapan, New Jersey 07726
For Appointment: Tel. 732.431.7600 Fax 732.431.1606