



20 E 46th St Rm 202, New York, NY 10017
 (Corner of East 46th Street and Madison Avenue)
 Tel (212) 888-9599 Fax (212) 888-9699

Date: _____

Patient Name: _____

Referred by: _____ Telephone: _____

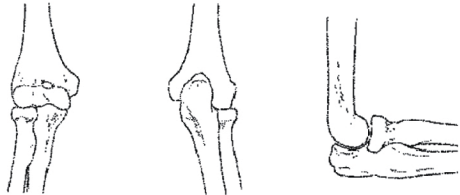
Diagnosis / Clinical History / Previous Surgery: _____

MRI Examination Requested:

Please mark the location of suspected pathology.

Elbow

L R



Forearm

L R

Wrist

L R

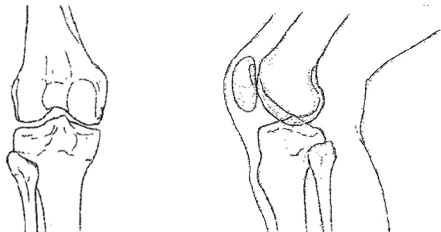


Hand

L R

Knee

L R

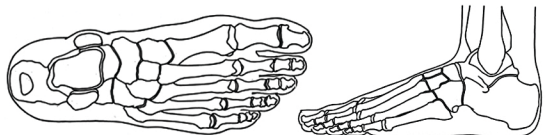


Tibia/Fibula

L R

Ankle

L R



Foot

L R

Rule out / notes: _____