



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: _____

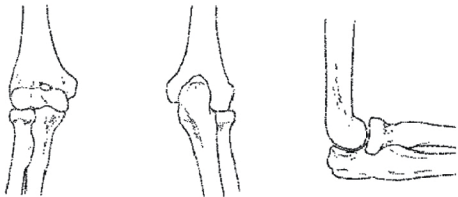
Diagnosis / Clinical History / Previous Surgery: _____

MRI Examination Requested:

Please mark the location of suspected pathology.

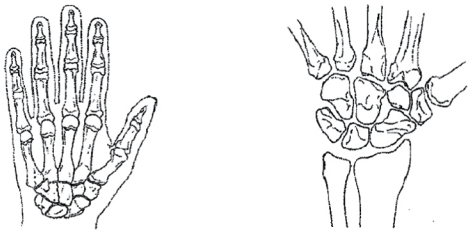
☐ Elbow

☐ L ☐ R



☐ Forearm

☐ L ☐ R

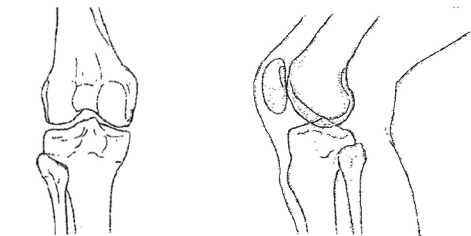


☐ Wrist

☐ L ☐ R

☐ Hand

☐ L ☐ R



☐ Knee

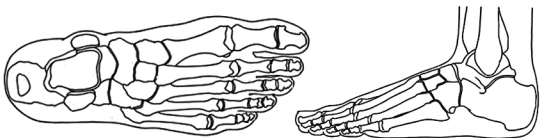
☐ L ☐ R

☐ Tibia/Fibula

☐ L ☐ R

☐ Ankle

☐ L ☐ R



☐ Foot

☐ L ☐ R

Rule out / notes: _____