

Patient Name:	Date of Birth
	Phone

CLINICAL HISTORY

(Symptoms, Diagnosis or Comments)

SPECIAL INSTRUCTIONS

Call physician with stat reading Other: _____

Referring Physician's Name: _____

Physician's Signature: _____

MAGNETIC RESONANCE

Contrast as needed

Exam	Without Contrast	With and Without Contrast	Exam	Left	Right	Without Contrast	With and Without Contrast	Arthrogram
<input type="checkbox"/> Brain			<input type="checkbox"/> Shoulder					
<input type="checkbox"/> IAC's			<input type="checkbox"/> Elbow					
<input type="checkbox"/> Orbits			<input type="checkbox"/> Wrist					
<input type="checkbox"/> Pituitary Gland			<input type="checkbox"/> Hand					
<input type="checkbox"/> Temporal Lobes			<input type="checkbox"/> Hip					
<input type="checkbox"/> TMJ			<input type="checkbox"/> Knee					
<input type="checkbox"/> Cervical Spine			<input type="checkbox"/> Ankle					
<input type="checkbox"/> Thoracic Spine			<input type="checkbox"/> Foot					
<input type="checkbox"/> Lumbar Spine			<input type="checkbox"/> Athletic Pubalgia/ Sports Hernia					
<input type="checkbox"/> Soft Tissue Neck								

MAGNETIC RESONANCE ANGIOGRAPHY

Chest (*specify*) _____

Abdomen (*specify*) _____

Pelvis (*specify*) _____

MRCP *Skokie only

Circle of Willis/
Cerebral

Neck (Carotids)

Other: _____

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Tax ID:364784262

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*Conveniently located at the RM Post building on
159th Street*



4 OTHER
CONVENIENT
LOCATIONS

● Progressive Radiology—Chicago

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Chicago, IL 60601

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Crystal Lake, IL 60014

(815)444-1330 ♦ F (815)444-1279

● Progressive Radiology—Round Lake

720 E. Rollins Rd.

Round Lake Beach, IL 60073

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● Progressive Radiology—Skokie

7152 Carpenter Rd.

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