PROGRESSIVE RADIOLOGY
Exceptional Service • Every Time
www.progressiveradiology.net

❑ **Wide Open Bore 3T MRI**
Foxhall MRI
3301 New Mexico Ave. NW, #132
Washington, DC 20016
Phone 202.966.0606
Fax 202.244.6757

❑ **Open MRI**
Progressive Radiology
1010 Wayne Ave., #151
Silver Spring, MD 20910
Phone 301.495.4674
Fax 301.495.5575

❑ **Wide Open Bore 3T MRI**
Progressive Radiology
7701 Greenbelt Rd., #102
Greenbelt, MD 20770
Phone 301.464.6400
Fax 301.464.6404

❑ **Wide Open Bore 3T MRI**
Olney MRI Center
3300 Olney-Sandy Spring Rd., #100
Olney, MD 20832
Phone 301.260.2971
Fax 301.260.7971

Patient Name:	**Appointment Date:**

CLINICAL HISTORY

(Symptoms, Diagnosis or Comments)

SPECIAL INSTRUCTIONS

❑ Call physician with stat reading ❑ Other:_____

❑ Send an additional copy of the report to:_____

Referring Physician's Name:	
Physician's Address:	
Phone Number/Fax Number:	
Physician's Signature:	

MAGNETIC RESONANCE IMAGING

❑ Contrast as needed

Exam	Without Contrast	With and Without Contrast	Arthrogram	Exam	Left	Right	Without Contrast	With and Without Contrast
❑ Brain				❑ Shoulder				
❑ IAC's				❑ Elbow				
❑ Orbits				❑ Wrist				
❑ Pituitary Gland				❑ Hand				
❑ Temporal Lobes				❑ Hip				
❑ TMJ				❑ Knee				
❑ Cervical Spine				❑ Ankle				
❑ Thoracic Spine				❑ Foot				
❑ Lumbar Spine				❑ Athletic Pubalgia/ Sports Hernia				
❑ Soft Tissue Neck								
❑ Chest *(specify)* _____				❑ MSK Ultrasound				
❑ Abdomen *(specify)* _____				❑ Injections: *(circle one)* Facet Joint Joint Other (Specify)/Tenotomy				
❑ Pelvis *(specify)* _____				❑ Drainage: Cyst aspiration Other				
❑ MRCP				❑ Biopsy: *(circle one)* Bone Muscle Soft Tissue Bone Marrow				
				❑ Other: Interventional MSK Procedure *(specify)*				

MAGNETIC RESONANCE ANGIOGRAPHY

Exam	Without Contrast	With and Without Contrast	Exam	Without Contrast	With and Without Contrast
❑ Circle of Willis/Cerebral			❑ Neck (Carotids)		
❑ Renal Arteries			❑ Other:		

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Washington, DC Regional Locations