



**PROGRESSIVE  
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**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

<b>Patient Name:</b>	<b>Appointment Date:</b>
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**CLINICAL HISTORY**

(Symptoms, Diagnosis or Comments)

**SPECIAL INSTRUCTIONS**

- Call physician with stat reading     Other: \_\_\_\_\_  
 Send an additional copy of the report to: \_\_\_\_\_

<b>Referring Physician's Name:</b>	<b>Rishi Bhatnagar, MD</b>
<b>Physician's Address:</b>	<b>14201 Park Center Drive, #410, Laurel, MD 20707</b>
<b>Phone Number/Fax Number:</b>	<b>301-498-0383 • Fax 301-542-0189</b>
<b>Physician's Signature:</b>	

**MAGNETIC RESONANCE IMAGING**

Contrast as needed

Exam	Without Contrast	With and Without Contrast	Arthrogram	Exam	Left	Right	Without Contrast	With and Without Contrast
<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				<input type="checkbox"/> MSK Ultrasound				
<input type="checkbox"/> Chest (specify) _____				<input type="checkbox"/> Injections: (circle one) Facet Joint    Joint    Other (Specify)/Tenotomy				
<input type="checkbox"/> Abdomen (specify) _____				<input type="checkbox"/> Drainage: Cyst aspiration    Other				
<input type="checkbox"/> Pelvis (specify) _____				<input type="checkbox"/> Biopsy: (circle one) Bone    Muscle    Soft Tissue    Bone Marrow				
<input type="checkbox"/> MRCP				<input type="checkbox"/> Other: Interventional MSK    Procedure (specify)				

**MAGNETIC RESONANCE ANGIOGRAPHY**

Exam	Without Contrast	With and Without Contrast	Exam	Without Contrast	With and Without Contrast
<input type="checkbox"/> Circle of Willis/Cerebral			<input type="checkbox"/> Neck (Carotids)		
<input type="checkbox"/> Renal Arteries			<input type="checkbox"/> Other:		



## Washington, DC Regional Locations

