NYMI
NEW YORK MEDICAL IMAGING ASSOCIATES

MUSCULO-SKELETAL REFERRAL FORM

☐CD ☐FILM ☐PAPER ☐KEY IMAGES

Drs. Maklansky, Kurzban, Cohen, Zimmer, Hyman, Berson, Maklansky

PATIENT NAME: _____ TEL#: _____

PHYSICIAN NAME_____ PHYSICIAN TEL # _____

CLINICAL INFORMATION: _____

_____

_____ DATE: _____

MRI 1 .5 T HIGH FIELD

IV CONTRAST: ☐**YES** ☐**NO**

☐C-SPINE ☐PELVIS/HIPS

☐T-SPINE ☐SACRUM/COCCYX

☐L-SPINE ☐BONE SURVEY

EXTREMITIES	LEFT	RIGHT
☐KNEE	☐	☐
☐SHOULDER	☐	☐
☐ANKLE	☐	☐
☐ELBOW	☐	☐

☐MR ARTHROGRAM_____

☐DIRECT ☐INDIRECT

☐OTHER _____

CT SCAN 64·DETECTOR

WE USE NON-IONIC CONTRAST MEDIA

IV CONTRAST: ☐**YES** ☐**NO**

☐C,SPINE ☐PELVIS/HIPS

☐T-SPINE ☐SACRUM/COCCYX

☐L-SPINE

☐3D REFORMATTING

☐EXTREMITY _____ ☐R ☐L

☐CT ANGIOGRAM _____

☐CT ARTHROGRAM _____

☐CT SCANOGRAM _____

OTHER _____

N.M. SCINTIGRAPHY

☐BONE SCAN ☐GALLIUM SCAM

☐3 PHASE BONE SCAN ☐SPECT

☐OTHER _____ ☐PARATHYROID SCAN

SONOGRAM

☐POPLITEAL CYST _____ ☐L ☐R ☐FOREIGN BODY

☐DOPPLER ☐UPPER EXTREMITY ☐L ☐R

☐LOWER EXTREMITY ☐L ☐R

☐OTHER _____

DEXA

☐DEXA ☐DEXA w/IVA

GENERAL RADIOLOGY

☐C-SPINE ☐CHEST

☐T-SPINE ☐PELVIS

☐L-SPINE ☐RIBS

☐ABDOMEN

☐SACRUM/COCCYX

☐SCOLIOSIS SERIES

☐BONE AGE

☐LIMB LENGTH SCANOGRAM

OTHER _____

EXTREMITIES	LEFT	RIGHT
☐SHOULDER	☐	☐
☐HUMERUS	☐	☐
☐RADIUS/ULNA	☐	☐
☐ELBOW	☐	☐
☐WRIST	☐	☐
☐HAND	☐	☐
☐HIP	☐	☐
☐FEMUR	☐	☐
☐KNEE	☐	☐

☐STANDING VIEWS

☐PATELLAR VIEWS

☐PATELLA

☐TIBIA/FIBULA

☐ANKLE

☐FOOT

☐STRESS VIEWS (SPECIFY) _____

☐ OTHER _____

NYMI MSK CONTACTS

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DR. ZIMMER: 212-518-2906

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*NPI#: 1962427559

CARECORE: 877-773-2884

MEDSOLUTIONS: 888-693-3297

CARE TO CARE: 866-390-7526

AIM: 877-430-2288

EMPIRE PLAN: 888-333-9067

MEDFOCUS: 888-910-1199

MRI PRECAUTIONS

*EARLY PREGNANCY

*PACEMAKERS

*SURGICAL VASCULAR CLIPS

*NEUOSTIMULATORS/WIRES

*ELECTRONIC IMPLANTS

*TISSUE EXPANDERS

*METAL BACK DERMAL PATCHES

*PENILE IMPLANTS

REQUEST AN MSK CONCULTATION

WE REVIEW HUNDREDS OF SPINE AND JOINT STUDIES EACH YEAR, AND ARE ALWAYS AVAILABLE FOR SECOND OPINIONS, EXPERT REVIEWS AND ADVANCED IMAGING ADVICE

CALL 212-518-2907 EMAIL alain.hyman@nymiassociates.com

NYMI IMAGES AND REPORTS

RECIEVE PATIENT SPECIFIC EMAIL NOTICES, AND RAPIDLY ACCESS PATIENT REPORTS DIRECTLY FROM OUR SERVER THROUGH A PASSWORD PROTECTED WEB PROTAL, CALL 212-518-2915

NYMI MSK TEACHING FILES (WITH ANONYMIZED REPORTS) CALL 212-518-2915 FOR ACCESS

MSK1 - ROTATOR TEAR OF THE SHOULDER CUFF

MSK2 - DIABETIC MYOPATHY OF THE FOOT

MSK3 - TALAR APOPHYSITIS, TRAUMATIC

MSK4 - LUMBAR DISC HERNIATION

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