

MRI Prescription

Date: 02/06/2023		
Patient: Kevin Schuster DOB 1/2/1985	<u> </u>	
Type of MRI: L/S spine without contrast		
Diagnosis: 1. Strain of muscle, fascia and tendon of lo	ower back, subsequent	
Attention to:		
Provider Name: Richard Abramowitz, MD		
Provider Signature: KAha-Jana	2/C/2023 8:15:86 AK	
Client A	ssessment	
Height: 6'3 We	eight <u>:</u> 205	_
 History of previous MRI's: If yes, when and where: Lower Back 	Yes No	
History of Claustrophobia? If yes, assess need for sedation		-
3. Does the client have any of the following: Pregnancy – LMP: Body Piercing: Previous Surgeries:		
Tattoos Shrapnel or Metal	Working with Metal Heart Valves	
Dental Work	Pacemaker	
Brain Aneurysm Clips	Cochlear Implant	
Diabetic	Insulin Pump	
Comments:		
Scheduled MRI Appointment Date and Time:		
 Clients with sedation prescription should contact procedure for taking the medication Closed, Semi-opened and open MRI's are availated. MRI facility; Please fax the results to the Occup 	able if upon clients need.	determine their
Eatontown 12 Corbett Way 2441A Highway 33 150 Airport Ro. 8te 101 Ste A Neptune. NJ 07753 Lakewood, NJ 0 1: 732-263-7950 1: 732-263-7946 Fax: 732-776-4251 Fax: 732-776-4210 Fax: 732-942-95	Ste 160 Ste 213 08701 Holmdel, NJ 07733 Manalapan, 550 Tel: 732-450-2930 Tel: 732-450	S 1430 Hooper Avenue Ste 200-B NJ 07726 Toms River, NJ 08753 -2745 Tel: 732-557-0700