

## MRI Prescription

Date: 03/22/2024

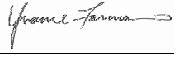
Patient: Darling J. Ciriaco

Type of MRI: MRI left shoulder with arthrogram

Diagnosis: 1. Unspecified sprain of left shoulder joint, initial encounter

Attention to: AC joint and labrum

Provider Name: Yvonne Farnacio, MD

Provider Signature:  3/22/2024 1:40:27 PM

### Client Assessment

Height: 66"

Weight: 155 Lbs

- |  | Yes   | No                                  |
|--|---|-------------------------------------|
| 1. History of previous MRI's :<br>If yes, when and where: <u>appx. 4 years ago</u>                 | <input checked="" type="checkbox"/>         | <input type="checkbox"/>            |
| 2. History of Claustrophobia?<br>If yes, assess need for sedation _____                            | <input type="checkbox"/>                    | <input checked="" type="checkbox"/> |
| 3. Does the client have any of the following:  |   |                                     |
| <input type="checkbox"/> Pregnancy – LMP: <u>N/A</u>   |   |                                     |
| <input checked="" type="checkbox"/> Body Piercing: _____   |   |                                     |
| <input checked="" type="checkbox"/> Previous Surgeries: <u>r wrist, Appendectomy, Circumcision</u> |   |                                     |
| <input checked="" type="checkbox"/> Tattoos  | <input type="checkbox"/> Working with Metal |                                     |
| <input type="checkbox"/> Shrapnel or Metal   | <input type="checkbox"/> Heart Valves       |                                     |
| <input checked="" type="checkbox"/> Dental Work  | <input type="checkbox"/> Pacemaker          |                                     |
| <input checked="" type="checkbox"/> Brain Aneurysm Clips   | <input type="checkbox"/> Cochlear Implant   |                                     |
| <input type="checkbox"/> Diabetic  | <input type="checkbox"/> Insulin Pump       |                                     |

Comments:

Scheduled MRI Appointment Date and Time: \_\_\_\_\_

- Clients with sedation prescription should contact the facility prior to the appointment to determine their procedure for taking the medication
- Closed, Semi-opened and open MRI's are available if upon clients need.
- MRI facility; Please fax the results to the Occupational Health site indicated below

☐ **Eatontown**  
2-12 Corbett Way  
Ste 101  
Eatontown, 07  
Tel: 732-263-7950  
Fax: 732-263-7946

☐ **Neptune**  
2441A Highway 33  
Ste A  
Neptune . NJ 07753  
Tel: 732-776-4251  
Fax: 732-776-4210

☐ **Lakewood**  
150 Airport Road  
Ste 100  
Lakewood, NJ 08701  
Tel: 732-942-9550  
Fax: 732-942-9554

☐ **Holmdel**  
100 Commons Way  
Ste 160  
Holmdel, NJ 07733  
Tel: 732-450-2930  
Fax: 732-450-2931

☐ **Manalapan**  
195 Route 9 S  
Ste 213  
Manalapan, NJ 07726  
Tel: 732-450-2745  
Fax: 732-450-2746

☐ **Toms River**  
1430 Hooper Avenue  
Ste 200-B  
Toms River, NJ 08753  
Tel: 732-557-0700  
Fax: 732-557-9159