



5214 Main Street
 Williamsville, NY 14221
 P: 716-839-2600
 F: 716-839-6700
 www.proscan.com

Same Day / Evening Appointments • VERY Fast Scan Times • Sedation Available • Transportation Provided

Patient Name _____

Date of Birth _____

Patient Phone # _____

Diagnosis _____

MRI Scanning

Brain w/o contrast <input type="checkbox"/> Contrast <input type="checkbox"/> Pituitary <input type="checkbox"/> Orbits <input type="checkbox"/> IAC's <input type="checkbox"/> Other	Orthopedics <input type="checkbox"/> Arthrogram <input type="checkbox"/> Knee <input type="checkbox"/> Shoulder <input type="checkbox"/> Neck <input type="checkbox"/> Wrist <input type="checkbox"/> Foot/Ankle <input type="checkbox"/> Hip
Brachial Plexus <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> BOTH	<input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> BOTH
Abdomen w/o contrast <input type="checkbox"/> Contrast <input type="checkbox"/> Kidney <input type="checkbox"/> MRCP <input type="checkbox"/> IAC's <input type="checkbox"/> Pancreas <input type="checkbox"/> IAC's	Spine w/o contrast <input type="checkbox"/> Contrast <input type="checkbox"/> Cervical <input type="checkbox"/> Flexion/Extension <input type="checkbox"/> Thoracic <input type="checkbox"/> 3D Mylegram <input type="checkbox"/> Lumbar <input type="checkbox"/> Weight Bearing
MRA <input type="checkbox"/> Contrast <input type="checkbox"/> Brain <input type="checkbox"/> Renals <input type="checkbox"/> Neck <input type="checkbox"/> Peripheral/Run off <input type="checkbox"/> Other	Breast <input type="checkbox"/> Right <input type="checkbox"/> Bilateral <input type="checkbox"/> Left <input type="checkbox"/> 3D Reconstruction
	Other _____

Physician _____

Phone # _____

Fax _____

Physician Signature



The Most Trusted Name In Medical Imaging
Buffalo's First 3.0T MRI Scanner

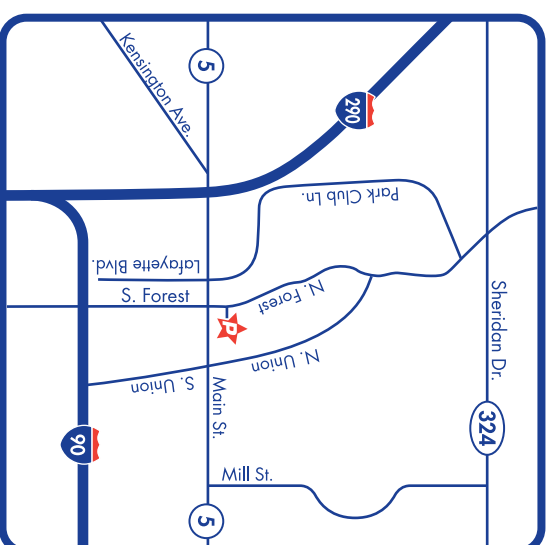
Your Appointment:

Date _____

Time _____

MRI Preparation

- Go about your daily routine. In most cases there are no dietary restrictions and you may continue to take your prescribed medication(s).
- If sedation is being given, please arrive 1 hour before your scheduled MRI scan. You may not drive after your scan so please plan on someone driving you home. If you cannot make appropriate arrangements, we will provide transportation for you.
- It is very important that metal not be worn during your study. Please remove all jewelry, zippers, hair accessories, hearing aid(s), etc.



ProScan Imaging Buffalo

5214 Main Street
Williamsville, NY 14221

- Located at the intersection of Main and N. Forest, **Behind Key Bank**. Minutes from Rts. 290 and 90.
- From the City and Southtowns: Take 90 East to 290 West; Exit first Main St. exit.
 - From Tonawanda/Northern Suburbs: Take 290 East to Second Main St. Exit.
 - Left on N. Forest.
 - The entrance to 5214 Main St. is on N. Forest .