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- 3838 N Main Street Mishawaka IN 46545 • 574-257-4674 • **574-257-0549 FAX**

## MRI of the Foot or Ankle

Patient Name: \_\_\_\_\_

Patient Phone Number: (Home) \_\_\_\_\_ Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Chart Diagnosis/ICD9 Code: \_\_\_\_\_

Signs and Symptoms: \_\_\_\_\_

Any Contributory Systemic Disorders: \_\_\_\_\_

X Ray or Other Imaging Findings: \_\_\_\_\_

### Image the Following

Ankle/Mid/Hind Foot

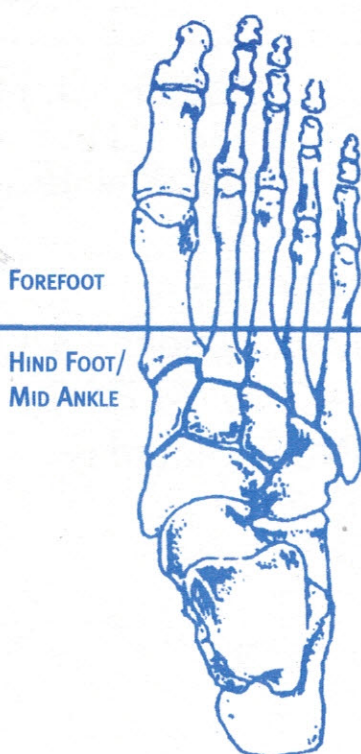
Right  Left

Forefoot (Metatarsals & Phalanges)

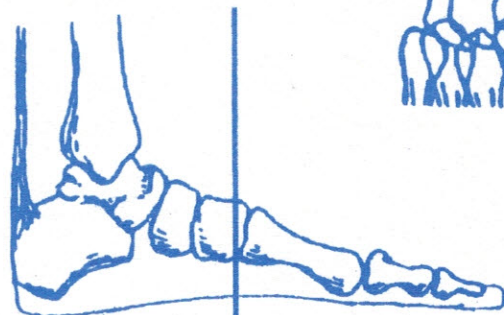
Right  Left

#### Indications

- \_\_\_\_\_ Tendon Pathology
- Fracture or Contusion
- Heel Pain
- Ligament Injury
- Mass (Ganglions, Neuroma, etc.)
- Osteomyelitis
- Plantar Fibromatosis
- Talar Dome Lesion
- Tarsal Coalition
- Tarsal Tunnel
- Other \_\_\_\_\_
- Contrast
- Contrast at Discretion of Radiologist
- History of Renal Disease



PLEASE MARK X AT  
THE LOCATION OF  
SUSPECTED PATHOLOGY



HIND FOOT/MID ANKLE

Requested by Dr. \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Phone# to call after hours: \_\_\_\_\_

Appointment Time: \_\_\_\_\_ Appointment Date: \_\_\_\_\_