



Date: \_\_\_\_\_

NORTHWESTERN  
MEDICAL IMAGING

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

Patient Phone: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_ Physician Fax: \_\_\_\_\_

Diagnosis / Reason for Screening: \_\_\_\_\_

ICD-9 Code: \_\_\_\_\_

Comparison Films _____ <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____
Location: _____ Date: _____ Exam: _____

**Exam Requested**

<input type="checkbox"/> MRI of: _____ _____	<input type="checkbox"/> MRA of: _____ _____	<input type="checkbox"/> CT of: _____ _____
<input type="checkbox"/> With contrast	<input type="checkbox"/> With contrast	<input type="checkbox"/> With contrast
<input type="checkbox"/> Without contrast	<input type="checkbox"/> Without contrast	<input type="checkbox"/> Without contrast
<input type="checkbox"/> With and without contrast	<input type="checkbox"/> With and without contrast	<input type="checkbox"/> With and without contrast

Physician's Signature: \_\_\_\_\_

**Patient preparation instructions**

- Please notify your referring physician if you are claustrophobic before your appointment so that they may prescribe medication for you to take before your exam.
- Please arrive at least 30 minutes prior to your scheduled time to complete your required paperwork. You may also download your required paperwork at [www.northwesternmedicalimaging.com](http://www.northwesternmedicalimaging.com) and bring in your completed paperwork to your appointment 10 minutes prior to your scheduled time to review your paperwork with NMI staff.
- Please bring in this script, photo ID card, your insurance card and any previous imaging reports with you to your appointment.
- Please call to schedule an appointment.

**Please fax this script and allow us to call the patient to schedule their appointment.**

Northwestern Medical Imaging  
1946 45th Avenue  
Munster, Indiana 46321

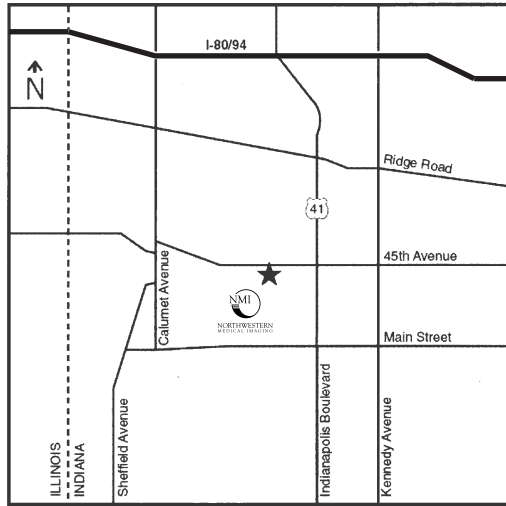
p: 219-924-0710  
f: 219-924-2172

[www.northwesternmedicalimaging.com](http://www.northwesternmedicalimaging.com)





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## Directions

### ***From the north:***

Take I-294 east and merge with I-80/94. Proceed on I-80/94 to the Calumet Avenue south exit. Proceed on Calumet Avenue to 45th Street (45th Avenue) and turn left. We are located at 1946 45th Avenue.

### ***From the south:***

Take Indianapolis Boulevard north to 45th Street (45th Avenue) and turn left. We are located at 1946 45th Avenue.

Take Calumet Avenue north to 45th Street (45th Avenue) and turn right. We are located at 1946 45th Avenue.

### ***From the east:***

Take I-80/94 west to Indianapolis Boulevard south exit. Proceed on Indianapolis Boulevard to 45th Street (45th Avenue) and turn right. We are located at 1946 45th Avenue.

### ***From the west:***

Take I-294 east and merge with I-80/94. Proceed on I-80/94 to the Calumet Avenue south exit. Proceed on Calumet Avenue to 45th Street (45th Avenue) and turn left. We are located at 1946 45th Avenue.

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