AMDS+ RADIOLOGY

2025 RICHMOND AVENUE, STATEN ISLAND, NY 10314
PHONE: 718.494.0800 FAX: 718.494.4066

2 SEAVER AVENUE, STATEN ISLAND, NY 10306
PHONE: 718.980.0867 FAX:718.351.0162

+ PODIATRIC REQUEST FORM

DATE OF REFERRAL:_____

PATIENT NAME:_____

REFERRING PHYSICIAN: _____PHYSICIAN'S PHONE: _____

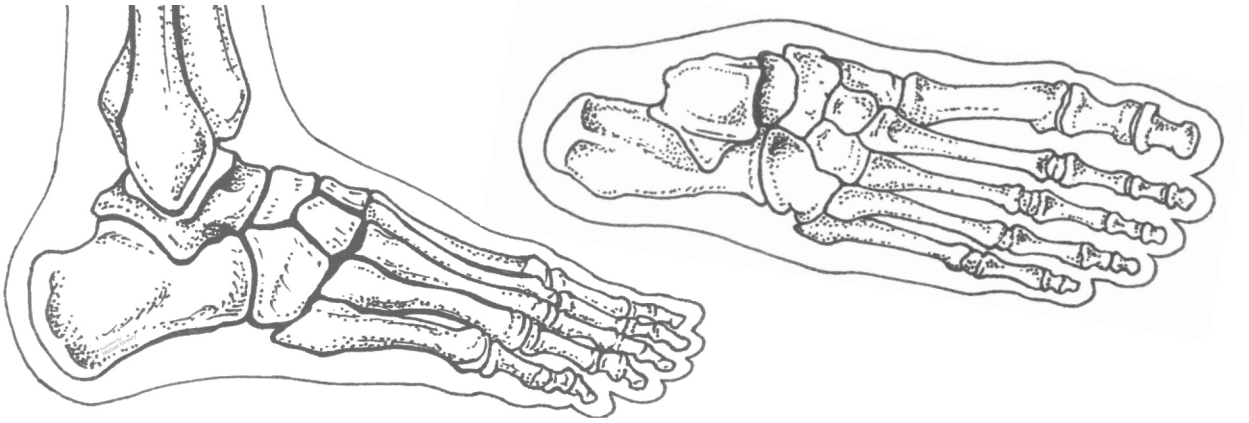
PHYSICIAN'S SIGNATURE : _____

DIAGNOSIS / HISTORY: _____

_____

MRI ☐ CT ☐ US ☐ XR ☐

PLEASE CIRCLE THE LOCATION OF SUSPECTED PATHOLOGY



ANKLE ☐ **FOOT** ☐ | **LEFT** ☐ **RIGHT** ☐

- ☐ FRACTURE / CONTUSION
- ☐ TARSAL COALITION
- ☐ OSTEOCHONDRITIS DISSECANS
- ☐ AVASCULAR NECROSIS
- ☐ TENDON PATHOLOGY
- ☐ LIGAMENT PATHOLOGY
- ☐ MASS-MORTON'S NEUROMA / GANGLION
- ☐ INFECTION-CELLULITIS / OSTEOMYELITIS
- ☐ TARSAL TUNNEL SYNDROME
- ☐ SINUS TARSI SYNDROME
- ☐ TENDON PATHOLOGY
- ☐ OTHER: _____

ALL REFERRAL FORMS ARE AVAILABLE ONLINE AT WWW.AMDS-NYC.COM