



STAND-UP MRI OF MANHATTAN, P.C.

301 and 305 (Suite 102) E. 55th St.
 New York, NY 10022
 (Located between 1st Ave. and 2nd Ave.)
 (212) 772-2300 • (212) 772-2032 FAX
 www.standupmriofmanhattan.com

Doctor: Please check your preference (if any):



STAND-UP® MRI



3.0T WIDE-BORE MRI

Your Appointment Date: ___/___/___ Time: _____ am pm
 If you must change your appointment, please give us 24 hours' notice.
Important: Read the Safety Precautions written on the back of this page.

Patient's Name: _____ Phone: (_____) _____ Date of Birth: ___/___/___
First MI Last

Chief Complaint(s): _____

Surgical History: _____

Doctor's Name: _____ **Doctor's Signature:** _____ Date: ___/___/___

Address: _____

Phone: (_____) _____ Fax: (_____) _____

Give CD to my patient.

Send CD to my office.

Clinical Indications / Symptoms: _____

X-RAY

- Head and Neck**
- Skull
 - Nasal Bones
 - Facial Bones/Orbits
 - Orbit Foreign Body Clearance
 - Sinuses
 - Other/Special Instructions: _____

- Spine**
- Cervical
 - Thoracic
 - Lumbar
 - Sacrum
 - Coccyx
 - Special Instructions: _____

- Trunk**
- Ribs _____ L R
 - Bony Pelvis
 - Sternum
 - Sternoclavicular Joints
 - Special Instructions: _____

- Extremities/Joints**
- Upper**
- Shoulder _____ L R
 - Scapula _____ L R
 - Clavicle _____ L R
 - Humerus _____ L R
 - Elbow _____ L R
 - Radius/Ulna _____ L R
 - Wrist _____ L R
 - Hand _____ L R
 - Digit # _____ L R
 - Thumb _____ L R
 - Other: _____

- Lower**
- Hip _____ L R
 - Femur _____ L R
 - Knee _____ L R
 - Tib/Fib _____ L R
 - Ankle _____ L R
 - Heel/Calcaneus _____ L R
 - Foot _____ L R
 - Toe # _____ L R
 - Other: _____

Special Instructions: _____

MRI

- HEAD**
- | | | |
|--------------------------------------|--------------------------------|--------------------------------|
| | w/o | w & w/o |
| Routine Brain (including Brain Stem) | <input type="checkbox"/> 70551 | <input type="checkbox"/> 70553 |
| Brain/Attn: IAC's | <input type="checkbox"/> 70551 | <input type="checkbox"/> 70553 |
| Brain/Attn: Pituitary | <input type="checkbox"/> 70551 | <input type="checkbox"/> 70553 |
| IAC's | <input type="checkbox"/> 70551 | <input type="checkbox"/> 70553 |
| Pituitary | <input type="checkbox"/> 70551 | <input type="checkbox"/> 70553 |
| TMJ | <input type="checkbox"/> 70336 | |

- ORBIT / FACE / NECK**
- | | | |
|------------------|--------------------------------|--------------------------------|
| | w/o | w & w/o |
| Face | <input type="checkbox"/> 70540 | <input type="checkbox"/> 70543 |
| Orbits | <input type="checkbox"/> 70540 | <input type="checkbox"/> 70543 |
| Sinuses | <input type="checkbox"/> 70540 | <input type="checkbox"/> 70543 |
| Soft Tissue Neck | <input type="checkbox"/> 70540 | <input type="checkbox"/> 70543 |
| Brachial Plexus | <input type="checkbox"/> 73218 | <input type="checkbox"/> 73220 |

Special Instructions: _____

- SPINE**
- | | | |
|--|--------------------------------|--------------------------------|
| | w/o | w & w/o |
| Cervical | <input type="checkbox"/> 72141 | <input type="checkbox"/> 72156 |
| <input type="checkbox"/> with Flexion <input type="checkbox"/> with Extension on the Stand-Up® MRI | | |
| Thoracic | <input type="checkbox"/> 72146 | <input type="checkbox"/> 72157 |
| Lumbar | <input type="checkbox"/> 72148 | <input type="checkbox"/> 72158 |
| <input type="checkbox"/> with Flexion <input type="checkbox"/> with Extension on the Stand-Up® MRI | | |
| Sacrum | <input type="checkbox"/> 72195 | <input type="checkbox"/> 72197 |
| Coccyx | <input type="checkbox"/> 72195 | <input type="checkbox"/> 72197 |

BODY

Region of Interest: _____

Please Specify w/o w & w/o

Special Instructions: _____

OTHER _____

- Upper Extremities/Joints**
- | | | | |
|-----------------|-----|--------------------------------|--------------------------------|
| | | w/o | w & w/o |
| Shoulder | L R | <input type="checkbox"/> 73221 | <input type="checkbox"/> 73223 |
| Humerus | L R | <input type="checkbox"/> 73218 | <input type="checkbox"/> 73220 |
| Elbow | L R | <input type="checkbox"/> 73221 | <input type="checkbox"/> 73223 |
| Forearm | L R | <input type="checkbox"/> 73218 | <input type="checkbox"/> 73220 |
| Wrist | L R | <input type="checkbox"/> 73221 | <input type="checkbox"/> 73223 |
| Hand | L R | <input type="checkbox"/> 73218 | <input type="checkbox"/> 73220 |
| Finger: _____ | | | |
| Thumb | L R | <input type="checkbox"/> 73218 | <input type="checkbox"/> 73220 |
| Brachial Plexus | L R | <input type="checkbox"/> 73218 | <input type="checkbox"/> 73220 |
- Special Instructions: _____

- Lower Extremities/Joints**
- | | | | |
|----------|-----|--------------------------------|--------------------------------|
| | | w/o | w & w/o |
| Hip | L R | <input type="checkbox"/> 73721 | <input type="checkbox"/> 73723 |
| Femur | L R | <input type="checkbox"/> 73718 | <input type="checkbox"/> 73720 |
| Knee | L R | <input type="checkbox"/> 73721 | <input type="checkbox"/> 73723 |
| Tib/Fib | L R | <input type="checkbox"/> 73718 | <input type="checkbox"/> 73720 |
| Ankle | L R | <input type="checkbox"/> 73721 | <input type="checkbox"/> 73723 |
| Forefoot | L R | <input type="checkbox"/> 73718 | <input type="checkbox"/> 73720 |
| Hindfoot | L R | <input type="checkbox"/> 73721 | <input type="checkbox"/> 73723 |
- Special Instructions: _____

- MRA – STAND-UP® MRI**
- | | |
|---------------|--------------------------------|
| | w/o |
| Head/COW | <input type="checkbox"/> 70544 |
| Neck/Carotids | <input type="checkbox"/> 70547 |

- MRA – 3T Only**
- | | | |
|---------------------|--------------------------------|--------------------------------|
| | w/o | w & w/o |
| Head/COW | <input type="checkbox"/> 70544 | <input type="checkbox"/> 70546 |
| Neck/Carotids | <input type="checkbox"/> 70547 | <input type="checkbox"/> 70549 |
| Chest/Aorta | | <input type="checkbox"/> 70555 |
| Abdomen/Aorta/Renal | | <input type="checkbox"/> 74185 |
| Upper Extremity | L R | <input type="checkbox"/> 73225 |
| Lower Extremity | L R | <input type="checkbox"/> 73725 |

Special Instructions: _____



SAFETY PRECAUTIONS:

- Call ahead if you have a **pacemaker**.
- Call ahead if you ever had **brain surgery**.
- Call ahead if you ever had **heart surgery** or surgery of the heart's valves.
- Call ahead if you have a **metal particle(s) in your eye(s)**.
- Call ahead if you ever had a **metal particle(s) removed from your eye(s)**.
- Call ahead if you are **pregnant** or think you might be pregnant.
- Call ahead if you have or think you might have a **metal object inside your body**.
- Call ahead if you wear a **medication patch**.

BRING the following with you when you come for your appointment:

- Photo I.D.
- Insurance Information/Card
- A Written Doctor's Order, Prescription or Script for your MRI Exam.
- If you already had diagnostic images made of the region that we will be scanning (MRI scans or CAT scans), please bring copies of the report(s) and, if requested by our radiologist, copies of the images (on film or CD) as well.

PREPARATION for your MRI Exam:

- If you are scheduled for an MRI exam **with contrast**, you may be required to have blood work done in advance. If you are told this applies to you, please be advised that blood work must be done no earlier than six (6) weeks prior to your scheduled exam.
- Avoid wearing metal objects near the area to be scanned.
- Sweatsuits are advisable because they are comfortable and have very little metal in them.
- There are no food or drink restrictions.
- Take your regular medication(s), if any, as usual.

WARNING: DO NOT BRING any of the following into the MRI Exam Room:

- **Hearings Aids**
- Watches
- Cell Phones
- PDAs
- Storage Media
- Insulin Pumps
- Keys
- Tablets/Laptops
- Credit/Debit Cards
- Wallets
- Metal Objects
- Hair Clips/Bobby Pins
- Coins/Loose Change

Why? Because an MRI scanner's magnetic field...

- can damage or completely destroy hearings aids, watches, cell phones, PDA's, storage media, insulin pumps, electronic keys, etc.
- can erase credit/debit cards
- can launch metallic objects, creating a serious hazard to the patient
- can degrade the quality of the MRI pictures, requiring you to repeat the exam.

Please be advised that neither the owner of this practice nor the management company will be held responsible for any damages or losses resulting from a patient's failure to comply with this warning.

For additional Stand-Up® MRI locations,
please visit www.standupmrilocations.com.