

Doctor: Please check your preference (if any):



STAND-UP® MRI
Both Locations



3.0T WIDE-BORE MRI
Midtown Only



STAND-UP MRI OF MANHATTAN, P.C.

MIDTOWN

301 and 305 (Suite 102) E. 55th St.
New York, NY 10022
Phone: (212) 772-2300
Fax: (212) 772-2032

DOWNTOWN

191 Avenue A
New York, NY 10009
Phone: (212) 674-8300
Fax: (212) 674-8828

www.standupmriofmanhattan.com

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: ___/___/___

Chief Complaint(s): _____ Date of Birth: ___/___/___

Surgical History: _____

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

Address: _____

Phone: () _____ Fax: () _____

Give CD Films Imagegram to my patient.

Send CD Films Imagegram to my office.

Clinical Indications / Symptoms: _____

HEAD

	w/o	w & w/o
Routine Brain (including Brain Stem)	<input type="checkbox"/> 70551	<input type="checkbox"/> 70553
TMJ	<input type="checkbox"/> 70336	<input type="checkbox"/> None
IACs	<input type="checkbox"/> 70551	<input type="checkbox"/> 70553
Pituitary	<input type="checkbox"/> 70551	<input type="checkbox"/> 70553

Special Instructions: _____

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"/> 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"/> Extension on the Stand-Up® MRI		
Sacrum	<input type="checkbox"/> 72195	<input type="checkbox"/> 72197
Coccyx	<input type="checkbox"/> 72195	<input type="checkbox"/> 72197

Special Instructions: _____

BODY

Region of Interest: _____

Please Specify w/o w & w/o

Special Instructions: _____

OTHER

Upper Extremities/Joints

		w/o	w & w/o
Shoulder	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73221	<input type="checkbox"/> 73223
Humerus	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73218	<input type="checkbox"/> 73220
Elbow	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73221	<input type="checkbox"/> 73223
Forearm	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73218	<input type="checkbox"/> 73220
Wrist	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73221	<input type="checkbox"/> 73223
Hand	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73218	<input type="checkbox"/> 73220

Finger: _____
Thumb L R 73218 73220

Special Instructions: _____

Lower Extremities/Joints

		w/o	w & w/o
Hip	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73221	<input type="checkbox"/> 73223
Femur	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73218	<input type="checkbox"/> 73220
Knee	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73221	<input type="checkbox"/> 73223
Tib/Fib	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73218	<input type="checkbox"/> 73220
Ankle	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73221	<input type="checkbox"/> 73223
Forefoot	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73218	<input type="checkbox"/> 73220
Hindfoot	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73221	<input type="checkbox"/> 73223

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	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73225
Lower Extremity	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73725

Special Instructions: _____



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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.

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

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.