Phone: 718.209.1070 Fax: 718.209.1138

OPEN MRI

DAMADIAN MRI

IN CANARSIE, P.C.

2035 Ralph Avenue, Suite A-5, Brooklyn, NY 11234
www.openmriofcanarsie.com

DIRECTIONS:

From the Belt Parkway:

Exit 11-N (Flatbush Ave., Marine Park). Stay on Flatbush Avenue to Avenue T. Right on Avenue T to Ralph Avenue. Left on Ralph Avenue. The MRI center is on your right in the Scott Medical Center. Free parking available.

Bus Routes:

B47 runs along Ralph Avenue and stops at the MRI center Scott Medical Center. **B82** and **B6** run along Flatlands Avenue. **B46** bus runs along Utica Avenue. **B3** and **B47** buses run along Avenue U. **B9** and **B41** buses run along Flatbush Avenue.

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Your Appointment:
Date:______/______/______
Time:________________ ❑ am ❑ pm

Patient's Name:____
First MI Last

Patient's Phone:____

Chief Complaint(s):____

Clinical Indications / Symptoms:_______________________________

HEAD (BRAIN) ❑ Routine Brain ❑ Posterior Fossa ❑ Pituitary (Sella Turcica)
❑ TMJ ❑ Sinuses ❑ Internal Auditory Canals
❑ Orbits ❑ Other______________________________

SPINE ❑ Cervical ❑ Thoracic ❑ Lumbosacral

BODY ❑ Chest ❑ Pelvis ❑ Abdomen
❑ Extremity ❑ Other______________________________

MRA ❑ Circle of Willis

EXTREMITIES ❑ Shoulder ❑ L ❑ R ❑ Knee ❑ L ❑ R
❑ Hip ❑ L ❑ R ❑ Wrist ❑ L ❑ R
❑ Ankle ❑ L ❑ R ❑ Other______________________________

WITH CONTRAST? ❑ Yes ❑ No

SPECIAL INSTRUCTIONS:____

PRINTED FROM WEBSITE

To Patients:

When you come for your appointment, please bring your doctor's prescription for the MRI exam, your insurance card/info, and a photo ID. If you must change your appointment, please give at least 24 hours' notice.

To Patients and Doctors Regarding Contrast Studies:

Blood work (particularly the estimated eGFR) is required for patients who are 60 or older OR are diabetic OR have a kidney problem. Blood work must recent (no earlier than six (6) weeks prior to the scheduled exam) and the results sent to our office in advance of the appointment.

VERY IMPORTANT:

If you have a pacemaker OR ever had metal in your eye or somewhere else in your body OR your wear a medication patch OR you might be pregnant, you must notify us before you come for your appointment.

Physician's Name:__________________________ Physician's Signature:______________________

Physician's Address:_____________________________________ Phone: (___)_____________