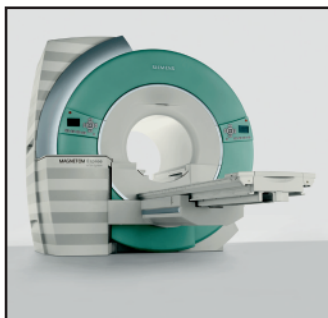


Doctor: Please check your preference, if any:



STAND-UP® MRI

1.5T HIGH-FIELD WIDE-BORE MRI

Your Appointment Date: ____/____/____ Time: _____ am pm

If you must change your appointment, please give at least 24 hours' notice.

Important: Safety precautions and instructions are provided on the back of this form.

Clinical Indications: _____

Doctor's Signature: X _____ **Date:** ____/____/____

Doctor's Name: _____
First MI Last

Doctor's Address: _____

Doctor's Phone: (____) _____ Fax: (____) _____

Patient's Name: _____ Date of Birth: ____/____/____
First MI Last

Patient's Surgical History: _____

Patient's Chief Complaint(s) / Symptoms: _____

Patient's Phone: (____) _____ Insurance: _____ Claim / Policy #: _____

HEAD

	w/o	w & w/o
Routine Brain (including Brain Stem)	<input type="checkbox"/> 70551	<input type="checkbox"/> 70553
Brain/Attn: IACs	<input type="checkbox"/> 70551	<input type="checkbox"/> 70553
Brain/Attn: Pituitary	<input type="checkbox"/> 70551	<input type="checkbox"/> 70553
IACs	<input type="checkbox"/> 70551	<input type="checkbox"/> 70553
Pituitary	<input type="checkbox"/> 70551	<input type="checkbox"/> 70553
TMJ <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Bilateral	<input type="checkbox"/> 70336	

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
Thoracic	<input type="checkbox"/> 72146	<input type="checkbox"/> 72157
Lumbar	<input type="checkbox"/> 72148	<input type="checkbox"/> 72158
Sacrum/Coccyx	<input type="checkbox"/> 72195	<input type="checkbox"/> 72197

Special Instructions: _____

STAND-UP® MRI Only: Add-on Option Flex/Ext

BODY

	w/o	w & w/o
Chest	<input type="checkbox"/> 71550	<input type="checkbox"/> 71552
Abdomen [HIGH-FIELD MRI Only]	<input type="checkbox"/> 74181	<input type="checkbox"/> 74183
Pelvis	<input type="checkbox"/> 72195	<input type="checkbox"/> 72197
MRCP [HIGH-FIELD MRI Only]	<input type="checkbox"/> 74181	<input type="checkbox"/> 74183

Special Instructions: _____

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	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73218	<input type="checkbox"/> 73220
Brachial Plexus	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73218	<input type="checkbox"/> 73220

Special Instructions: _____

LOWER EXTREMITIES/JOINTS

		w/o	w & w/o
Hip	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73721	<input type="checkbox"/> 73723
Femur	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73718	<input type="checkbox"/> 73720
Knee	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73721	<input type="checkbox"/> 73723
Tib/Fib	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73718	<input type="checkbox"/> 73720
Ankle	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73721	<input type="checkbox"/> 73723
Forefoot	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73718	<input type="checkbox"/> 73720
Hindfoot	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73721	<input type="checkbox"/> 73723

Special Instructions: _____

MRA

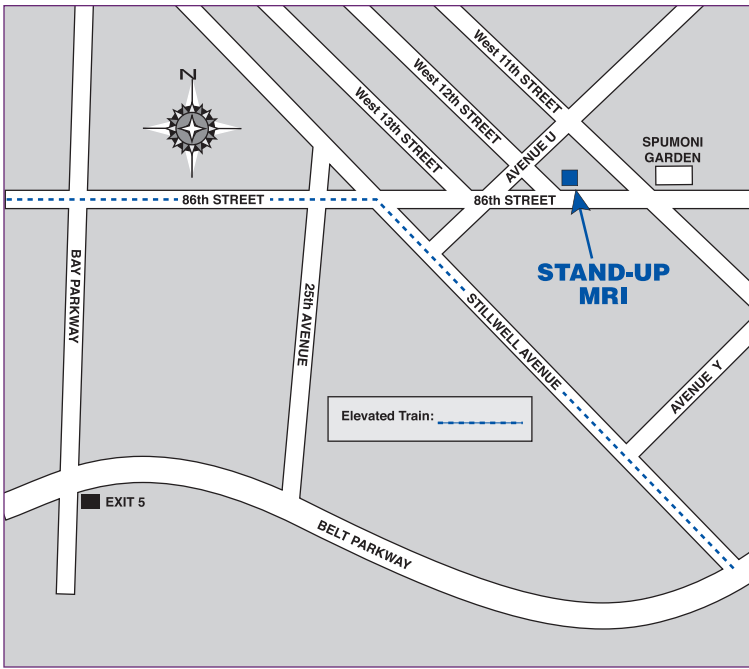
	w/o	w & w/o
Head/COW	<input type="checkbox"/> 70544	<input type="checkbox"/> 70546
Neck/Carotids	<input type="checkbox"/> 70547	<input type="checkbox"/> 70549
Chest/Aorta [HIGH-FIELD MRI Only]	<input type="checkbox"/> 71555	<input type="checkbox"/> 71555
Abdomen/Aorta/Renal [HIGH-FIELD MRI Only]	<input type="checkbox"/> 74185	<input type="checkbox"/> 74185
Upper Extremity <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73225	<input type="checkbox"/> 73225
Lower Extremity <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73725	<input type="checkbox"/> 73725
Abdominal Aorta with Lower Extremity Runoff	<input type="checkbox"/> 74185	<input type="checkbox"/> 74185

73725x2 73725x2



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www.standupmriofbensohurst.com

- Open 7 Days a Week
- Multi-Lingual Staff
- Convenient Patient Scheduling
- Same-Day Scheduling Available
- Same-Day Reads Upon the Referring Doctor's Request
- Board-Certified Radiologists
- ACR-Accredited Facility
- Participation with Most Insurance Companies.



SAFETY PRECAUTIONS:

- Call ahead if you have a **pacemaker.**
- 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 ever had **heart surgery** or surgery of the heart's valves.
- Call ahead if you ever had **brain surgery.**
- Call ahead if you have or think you might have a **metal object or device 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 reports and, if requested by our radiologist, copies of the images (on film or CD) as well.

PREPARATION for your MRI Exam:

- Wear comfortable clothing with no metal in it or attached to it.
- 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:

- Hearing Aids
- Watches
- Credit / Debit Cards
- Bank Cards
- Cell Phones
- Pagers
- PDA's
- Coins / Loose Change
- Storage Media
- Insulin Pumps
- Keys
- Tablets / Laptops
- Wallets
- Metal Objects
- Hair Clips / Bobby Pins

Why? Because the strong magnetic field of the MRI scanner...

- can damage or completely destroy hearing aids, watches, cell phones, PDA's, storage media, insulin pumps, electronic keys, etc.
- can erase credit/debit cards
- can launch metal objects into the MRI scanner, endangering the patient or the MRI technologist.

Metal objects of any size can degrade the quality of the MRI pictures, possibly requiring the patient to return to repeat the MRI exam.

Please be advised that neither the owner of this medical 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.standupmriofbensohurst.com