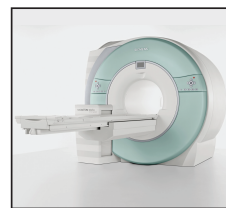
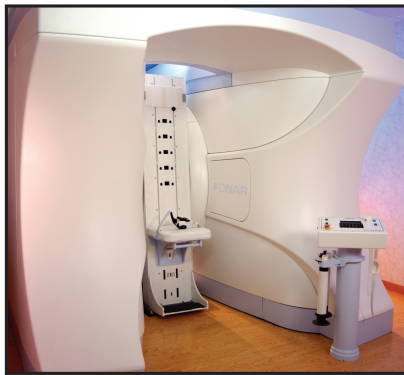
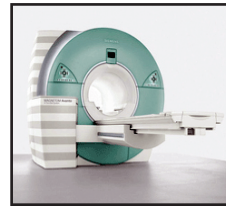


Doctor: Please check your preference (if any):



3T (Islandia Only)



☐ STAND-UP® MRI (All Locations) ☐ 1.5T (Melville Only)



**STAND-UP® MRI**  
MULTI-POSITION™ MRI

**Carle Place**

31 Old Country Rd.  
(516) 746-2248  
Fax: (516) 746-2218  
NPI: 1295826584

**Deer Park**

1118 Deer Park Ave.  
(631) 243-3222  
Fax: (631) 243-3355  
NPI: 1821180159

**Great Neck**

600 Northern Blvd.  
(516) 478-0004  
Fax: (516) 478-0013  
NPI: 1568828861

**East Setauket**

24 Research Way  
(631) 444-5361  
Fax: (631) 444-5362  
NPI: 1124093018

**Lynbrook**

229 Broadway  
(516) 256-1558  
Fax: (516) 256-0758  
NPI: 1134211436

**Islandia (+3T)**

1710 Vets Mem. Hwy.  
(631) 348-0996  
Fax: (631) 348-0997  
NPI: 1427024199

**Wantagh**

1165 Wantagh Ave.  
(516) 781-1800  
Fax: (516) 781-1888  
NPI: 1982942272

**Melville (+1.5T)**

110 Marcus Drive  
(631) 454-0539  
Fax: (631) 454-9190  
NPI: 1457326506

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 to my patient.

☐ Send CD 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
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"/> L <input type="checkbox"/> R	<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	<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 – STAND-UP® MRI**

	w/o
Head/COW	<input type="checkbox"/> 70544
Neck/Carotids	<input type="checkbox"/> 70547

**MRA – 3T or 1.5T Only**

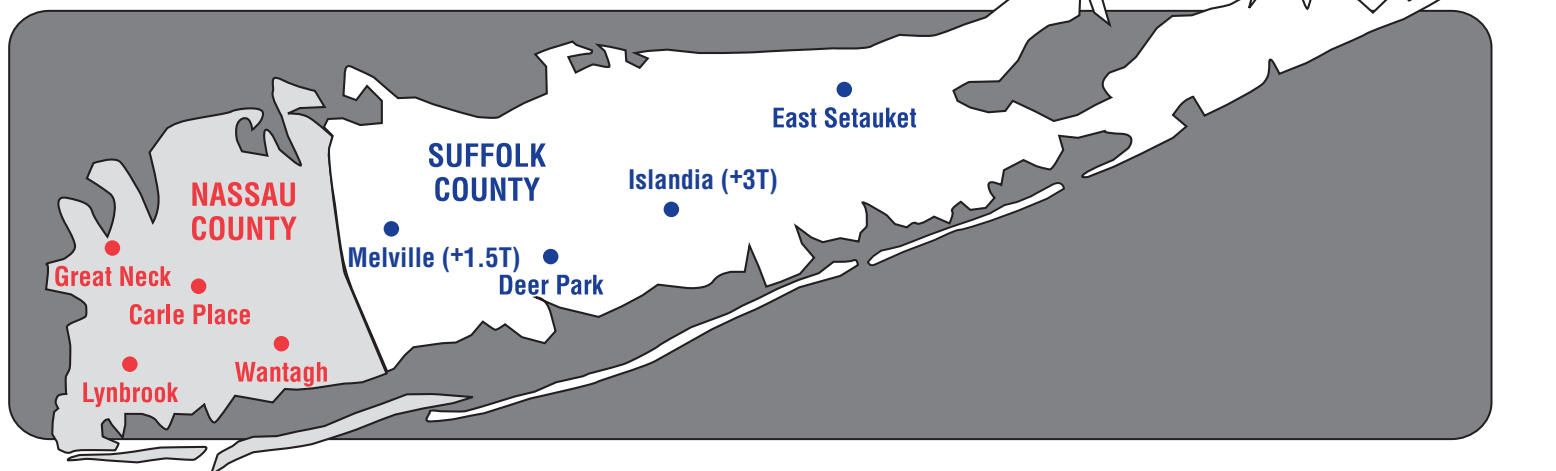
	w/o	w & w/o
Head/COW	<input type="checkbox"/> 70544	<input type="checkbox"/> 70546
Neck/Carotids	<input type="checkbox"/> 70547	<input type="checkbox"/> 70549
Chest/Aorta		<input type="checkbox"/> 70555
Abdomen/Aorta/Renal		<input type="checkbox"/> 74185
Upper Extremity <input type="checkbox"/> L <input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

Special Instructions: \_\_\_\_\_



# STAND-UP®MRI

MULTI-POSITION™MRI



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(631) 454-0539  
Fax: (631) 454-9190  
NPI: 1457326506

For a complete list of STAND-UP® MRI locations, visit [www.standupmrilocations.com](http://www.standupmrilocations.com).

## 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**.
- Call ahead if you wear **nail polish that contains magnetic particles**, such as cat eye gel polish.

## 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.

*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 the above safety precautions and warnings.*

## 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.
- Do not bring jewelry or valuables with you.
- Avoid wearing metal objects near the area to be scanned.
- Sweatsuits are advisable because they are comfortable and have very little, if any, metal in them.
- Do not wear Tommie Copper or lululemon clothing. There is metal in them.
- If there is a problem with what you are wearing, we will gladly provide you with a gown.
- There are no food, drink or medication restrictions.

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

- |                        |                      |                    |
|------------------------|----------------------|--------------------|
| • <b>Hearings Aids</b> | • Keys               | • Pins             |
| • Watches              | • Tablets/Laptops    | • Coins/Loose      |
| • Cell Phones          | • Credit/Debit Cards | Change             |
| • PDA's                | • Wallets            | • Firearms/Weapons |
| • Storage Media        | • Metal Objects      |                    |
| • Insulin Pumps        | • Hair Clips/Bobby   |                    |

### 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.