

**Doctor: Please check your
preference (if any):**



☐ **STAND-UP® MRI**



☐ **1.5T HIGH-FIELD
WIDE-BORE MRI**

COMPREHENSIVE MRI OF WHITE PLAINS

(Comprehensive MRI of New York, P.C.)
Westchester Medical Pavilion
311 North Street, Suite G10
White Plains, NY 10605
Phone: 914.946.9400 • Fax: 914.946.1938
www.comprehensivemriofwhiteplains.com
NPI: 1043742927

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: ____/____/____
First MI Last

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	

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		
Sacrocrum	<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

PRINTED FROM WEBSITE

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

ATTN: ☐ Finger # _____ ☐ Thumb

Brachial Plexus ☐ 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"/> 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 – 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: _____

COMPREHENSIVE MRI OF WHITE PLAINS

(Comprehensive MRI of New York, P.C.)



The MRI facility is in the Westchester Medical Pavilion, Suite G10.

There is free parking across the street or, if you prefer, valet parking at the main entrance.

MRI SAFETY PRECAUTIONS:

Call ahead if you...

- have a **pacemaker**
- have a **metal particle(s) in your eye(s)**, or ever had a metal particle(s) removed from your eye(s)
- are or think you might be **pregnant**
- had **heart surgery** or surgery of the heart's valves
- had **brain surgery**
- have or think you might have a **metal object or device inside your body**
- 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
- Written Authorization, if you have one
- 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 the radiologist, copies of the films as well.

Westchester Medical Pavilion

311 North Street, Suite G10, White Plains, NY 10605

Phone: 914.946.9400 • Fax: 914.946.1938

www.comprehensivemriofwhiteplains.com

Directions

- **From Manhattan (West Side)** Take Henry Hudson Parkway North to Saw Mill River Parkway North. From Saw Mill River Parkway take exit 20 to I-287/Tappan Zee Bridge. Take Exit 8 to merge onto I-287 East toward White Plains. Take I-287 to exit 8E for Westchester Avenue. Keep right and continue to light at intersection of White Plains Avenue. Turn right onto White Plains Avenue which merges onto North Street. Continue on North Street and turn right at entrance for 311 North Street.
- **From Manhattan (East Side)** Take Major Deegan North to New York State Thruway (I-87). Take Exit 8 to I-287 East toward White Plains. Take I-287 to exit 8E for Westchester Avenue. Keep right and continue to light at intersection of White Plains Road. Turn right onto White Plains Avenue which merges onto North Street. Continue on North Street and turn right at entrance for 311 North Street.
- **From Long Island** Take the Whitestone Bridge to the Hutchinson River Parkway. Take the Hutchinson River Parkway to Exit 25 "North Street", at the top of the ramp, turn left at the light onto North St. Travel to the 6th traffic light, and turn left into the entrance at 311 North St.
- **From Upstate New York, Rockland County and New Jersey** Take the New York State Thruway (I-87) across the Tappan Zee Bridge. Go one mile to Exit 8 onto I-287 East. Take I-287 to exit 8E for Westchester Avenue. Keep right and continue to light at intersection of White Plains Avenue. Turn right onto White Plains Avenue which merges onto North Street. Continue on North Street and turn right at entrance for 311 North Street.
- **From New England** Take the I-95 or Merritt Parkway South to I-287 West. From I-287 take exit 8 to White Plains. Follow Route 119 (Westchester Avenue) toward White Plains. Turn left at White Plains Avenue. Continue on White Plains Avenue which merges onto North Street. Continue on North Street and turn right at entrance for 311 North Street.
- **From Northern Westchester** Take I-684 South to I-287 West. From I-287 take exit 8 to White Plains. Follow Route 119 (Westchester Avenue) toward White Plains. Continue on White Plains Avenue which merges onto North Street. Continue on North Street and turn right at entrance for 311 North Street.

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

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

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.

In general, metal objects of any size can degrade the quality of the MRI picture, possibly requiring you to return 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.

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, your blood work must be done no earlier than six (6) weeks prior to your scheduled appointment.
- 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.