



STAND-UP MRI

MRI of the Brain - Head Trauma Protocol

- Boca Raton**
1.5T MRI
Boca Hamptons Plaza
9080 Kimberly Blvd.
Suite 14
Boca Raton, FL 33434
P: 561.470.1890
F: 561.470.1891
- Fl. Lauderdale**
3.0T MRI
4616 N. Federal Highway
Fl. Lauderdale, FL 33308
P: 954.489.0099
F: 954.489.0040
- Miami**
3.0T MRI
1661 SW 37th Avenue
Suite 100
Miami, FL 33145
P: 305.461.6005
F: 305.461.8662
- Ormond Beach**
3.0T MRI
Boulevard Executive Park
555 W. Granada Blvd.
Suite H-1
Ormond Beach, FL 32174
P: 386.677.7730
F: 386.677.7731
- Pembroke Pines**
Stand-Up MRI and 3T imaging
16604 Sheridan Street
Pembroke Pines, FL 33331
P: 954.688.4040
F: 954.688.4050
- Tallahassee**
3.0T MRI
2332 Capital Circle NE
Tallahassee, FL 32308
P: 850.385.6422
F: 850.422.8993

Patient's Name: _____ Date of Birth: ____/____/____

Patient's Cell No.: (____) _____ Patient's Home No.: (____) _____

- Brain MRI [Attn. IAC's]
- Brain MRI with & without Contrast..... [Attn. IAC's]
- Brain MRI without Contrast and DTI
- 3D Tractography..... [Attn. IAC's]
- Brain MRI with & without Contrast and DTI
-3D Tractography..... [Attn. IAC's]
- Other: _____

Referring Physician Information:

Comments / Notes: _____

Physician's Name: _____ Phone No.: (____) _____

Physician's Signature: X _____ Date: ____/____/____

Attorney / Insurance Information:

Ins. Co. Name: _____ Policy Claim No.: _____

Notes: _____

Attorney Name: _____ Phone No.: (____) _____