



# STAND-UP<sup>®</sup> MRI

## MULTI-POSITION<sup>™</sup> MRI

Your Appointment: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_ am pm

To change or cancel your appointment,  
kindly give us 24 hours' notice.

**IMPORTANT: SAFETY PRECAUTIONS and instructions on back.**

### MANHATTAN

- ☐ Midtown  
212.772.2300

### QUEENS

- ☐ East Elmhurst  
718.779.2825

- ☐ Flushing  
718.969.6222

### BROOKLYN

- ☐ Bensonhurst  
718.946.7304

- ☐ Park Slope  
718.768.7700

### STATEN ISLAND

- ☐ 718.351.0616

### BRONX

- ☐ Bronx - Central  
2050 Eastchester Rd.  
718.678.1970

- ☐ Bronx - South  
618 Morris Avenue  
718.540.6898

### WESTCHESTER

- ☐ White Plains  
914.946.9400

- ☐ Yonkers - East  
1234 Central Pk. Ave.  
914.337.3300

- ☐ Yonkers - West  
1034 N. Broadway  
914.969.1818

Patient: \_\_\_\_\_  
First MI Last

Phone: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Referral: \_\_\_\_/\_\_\_\_/\_\_\_\_

Chief Complaint(s): \_\_\_\_\_

Surgical History: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

☐ Give CD to my patient.

☐ Send CD to my office.

(Cutaway views below show patient positioning.)

Clinical Indications / Symptoms: \_\_\_\_\_

#### CERVICAL

##### Add-On Positions (Optional)

w/o w & w/o  
☐ 72141 ☐ 72156

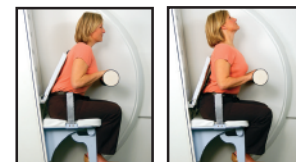


☐ Flexion ☐ Extension  
☐ Other \_\_\_\_\_

#### LUMBAR

##### Add-On Positions (Optional)

w/o w & w/o  
☐ 72148 ☐ 72158



☐ Flexion ☐ Extension  
☐ Other \_\_\_\_\_

☐ Sacrum w/o w & w/o  
☐ Coccyx ☐ 72195 ☐ 72197

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

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

#### THORACIC

w/o w & w/o  
☐ 72146 ☐ 72157



#### HEAD

☐ Routine Brain (incl. Brain Stem) ☐ 70551 ☐ 70553  
☐ Brain/Attn: IACs ☐ 70551 ☐ 70553  
☐ Brain/Attn: Pituitary ☐ 70551 ☐ 70553  
☐ IACs ☐ 70551 ☐ 70553  
☐ Pituitary ☐ 70551 ☐ 70553  
☐ TMJ L R Bilateral ☐ 70336 ☐ 70336

#### ORBIT / FACE / NECK

☐ Face ☐ 70540 ☐ 70543  
☐ Orbits ☐ 70540 ☐ 70543  
☐ Sinuses ☐ 70540 ☐ 70543  
☐ Soft Tissue Neck ☐ 70540 ☐ 70543  
☐ Brachial Plexus L R ☐ 73218 ☐ 73220

#### MRA

☐ Head/COW ☐ 70544  
☐ Neck/Carotids ☐ 70547

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

#### UPPER EXTREMITIES / JOINTS

☐ Shoulder L R ☐ 73221 ☐ 73223  
☐ Humerus L R ☐ 73218 ☐ 73220  
☐ Elbow L R ☐ 73221 ☐ 73223  
☐ Forearm L R ☐ 73218 ☐ 73220  
☐ Wrist L R ☐ 73221 ☐ 73223  
☐ Hand L R ☐ 73218 ☐ 73220  
ATTN: ☐ Finger# \_\_\_\_ ☐ Thumb  
☐ Brachial Plexus L R ☐ 73218 ☐ 73220

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

#### BODY



Region of Interest: \_\_\_\_\_

Please Specify: ☐ w/o ☐ w & w/o

#### LOWER EXTREMITIES / JOINTS

☐ Hip L R ☐ 73721 ☐ 73723  
☐ Femur L R ☐ 73718 ☐ 73720  
☐ Knee L R ☐ 73721 ☐ 73723  
☐ Tib/Fib L R ☐ 73718 ☐ 73720  
☐ Ankle L R ☐ 73721 ☐ 73723  
☐ Forefoot L R ☐ 73718 ☐ 73720  
☐ Hindfoot L R ☐ 73721 ☐ 73723

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

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# STAND-UP® MRI

## MULTI-POSITION™ MRI

### WESTCHESTER

**1** Comprehensive MRI of White Plains  
311 North Street, Suite G10, White Plains, NY 10605  
914.946.9400 • 914.946.1938 Fax  
Located in the Westchester Medical Pavilion

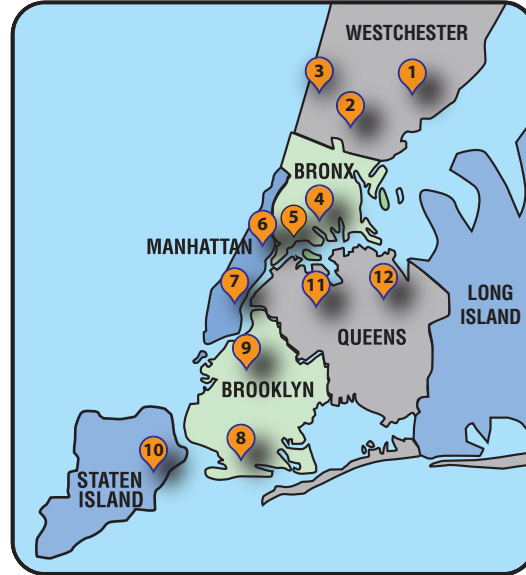
**2** Stand-Up MRI of Yonkers  
1234 Central Park Avenue, Yonkers, NY 10704  
914.337.3300 • 914.337.3323 Fax  
Exit 5 off 87N (or Exit 4N off Cross County Pkwy)  
to Central Pk. Ave.

**3** Stand-Up MRI of Yonkers  
1034 N. Broadway, Suite 5, Yonkers, NY 10701  
914.969.1818 • 914.969.0828 Fax  
Located just north of St. John's Riverside Hospital

### BRONX

**4** Stand-Up MRI of the Bronx, P.C.  
2050 Eastchester Rd, Ste. 1B, Bronx, NY 10461  
718.678.1970 • 718.678.1975 Fax  
Located across from Jacobi Medical Center

**5** Stand-Up MRI of the South Bronx  
618 Morris Avenue, Bronx, NY 10451  
718.540.6898 • 718.540.6899 Fax  
On the corner of Morris Ave. and E. 151st St.  
Two blocks from Lincoln Medical Center



### MANHATTAN Midtown

**6** Stand-Up MRI of Manhattan, P.C.  
301 and 305 (Suite 102) E. 55th St.  
New York, NY 10022  
212.772.2300 • 212.772.2032  
Located between 1st and 2nd Avenue

### BROOKLYN

**Bensonhurst**  
**7** Stand-Up MRI of Bensonhurst, P.C.  
2671 86th Street, Brooklyn, NY 11223  
718.946.7304 • 718.946.7308 Fax  
Located on 86th Street between  
West 12th St. and West 11th St.

### Park Slope

**8** Stand-Up MRI of Brooklyn, P.C.  
306 5th Avenue, Brooklyn, NY 11215  
718.768.7700 • 718.768.9459 Fax  
Located on the corner of 5th Ave. and 2nd St.

### STATEN ISLAND

**9** Stand-Up MRI of Staten Island, P.C.  
2090 Hylan Blvd, Staten Island, NY 10306  
718.351.0616 • 718.351.2417 Fax  
Located two blocks east of Midland Avenue

### QUEENS

#### East Elmhurst

**10** Stand-Up MRI of East Elmhurst, P.C.  
75-33 31st Avenue, East Elmhurst, NY 11370  
718.779.2825 • 718.779.5349 Fax  
Located in the Jackson Heights Shopping Ctr.

#### Flushing

**11** Stand-Up MRI of Queens, P.C.  
167-20 Union Turnpike, Flushing, NY 11366  
718.969.6222 • 718.969.6333 Fax  
SW corner of Union Turnpike and 168th St.

## 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**.

## 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.

For additional STAND-UP® MRI locations,  
please visit [www.standupmrilocations.com](http://www.standupmrilocations.com).

## 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.
- 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.

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

- **Hearings Aids**
- Watches
- Cell Phones
- PDAs
- Storage Media
- Insulin Pumps
- Keys
- Tablets/Laptops
- Credit/Debit Cards
- Wallets
- Metal Objects
- Hair Clips/Bobby Pins
- Coins/Loose Change
- Weapons

### 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.

*Please be advised that neither the owners of these practices nor the management company will be held responsible for any damages or losses resulting from a patient's failure to comply with this warning.*