



STAND-UP[®] MRI

MULTI-POSITION[™] MRI

Doctor: Please check your preference (if any):



3T (Islandia Only)



1.5T (Melville Only)

STAND-UP[®] MRI (All Locations)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Carle Place
31 Old Country Rd.
(516) 746-2248
Fax: (516) 746-2218
NPI: 1295826584 | <input type="checkbox"/> Great Neck
600 Northern Blvd.
(516) 478-0004
Fax: (516) 478-0013
NPI: 1568828861 | <input type="checkbox"/> Lynbrook
229 Broadway
(516) 256-1558
Fax: (516) 256-0758
NPI: 1134211436 | <input type="checkbox"/> Wantagh
1165 Wantagh Ave.
(516) 781-1800
Fax: (516) 781-1888
NPI: 1982942272 |
| <input type="checkbox"/> Deer Park
1118 Deer Park Ave.
(631) 243-3222
Fax: (631) 243-3355
NPI: 1821180159 | <input type="checkbox"/> East Setauket
24 Research Way
(631) 444-5361
Fax: (631) 444-5362
NPI: 1124093018 | <input type="checkbox"/> Islandia (+3T)
1710 Vets Mem. Hwy.
(631) 348-0996
Fax: (631) 348-0997
NPI: 1427024199 | <input type="checkbox"/> 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: ___/___/___
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 | |
- 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



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., Ste. 117
(516) 478-0004
Fax: (516) 478-0013
NPI: 1568828861

East Setauket

24 Research Way, Ste. 400
(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

For a complete list of STAND-UP® MRI locations, visit 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:

- | | | |
|------------------------|----------------------|----------------------|
| • Hearings Aids | • Keys | • Pins |
| • Watches | • Tablets/Laptops | • Coins/Loose Change |
| • Cell Phones | • Credit/Debit Cards | • Firearms/Weapons |
| • PDA's | • Wallets | |
| • 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.