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STAND-UP® MRI

MULTI-POSITION™ MRI

❑ **BOCA RATON**
Also 1.5T MRI
Boca Hamptons Plaza
9080 Kimberly Blvd., Ste. 14
Boca Raton, FL 33434
P: (561) 470-1890
F: (561) 470-1891

❑ **CASSELBERRY**
Also 3.0T MRI
2915 Lakeview Dr., Ste. 1041
Fern Park, FL 32730
P: (407) 987-4001
F: (407) 987-4002

❑ **FT. LAUDERDALE**
Also 3.0T MRI
4616 N. Federal Highway
Ft. Lauderdale, FL 33308
P: (954) 489-0099
F: (954) 489-0040

❑ **MIAMI**
Also 3.0T MRI
1661 SW 37th Avenue, Ste. 100
Miami, FL 33145
P: (305) 461-6005
F: (305) 461-8662

❑ **NAPLES**
Also 3.0T MRI
4521 Executive Drive, Ste. 104
Naples, FL 34119
P: (239) 514-2600
F: (239) 514-0019

❑ **ORMOND BEACH**
Also 3.0T MRI
Boulevard Executive Park
555 West Granada Blvd., Ste. H-1
Ormond Beach, FL 32174
P: (386) 677-7730
F: (386) 677-7731

❑ **PEMBROKE PINES**
Also 3.0T MRI
16604 Sheridan Street
Pembroke Pines, FL 33331
P: (954) 688-4040
F: (954) 688-4050

❑ **TALLAHASSEE**
Also 3.0T MRI
2332 Capital Circle NE
Tallahassee, FL 32308
P: (850) 385-6422
F: (850) 422-8993

To request your appointment online, please visit www.scheduleyourmri.com or scan this QR code to access our appointment request form.

If you prefer to call to book an appointment by phone, please dial one of office phone numbers above on this form.

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

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

☐ Brain MRI ..... [☐ Attn. IACs]

☐ Brain MRI with & without contrast ..... [☐ Attn. IACs]

☐ Brain MRI (without contrast) to include DTI, SWI, 3D Tractography .... and volumetric Analysis (NeuroQuant) ..... [☐ Attn. IACs]

☐ Brain MRI (with & without contrast) to include DTI, SWI, 3D Tractography and Volumetric Analysis (NeuroQuant) ..... [☐ Attn. IACs]

Other:_____

Referring Physician Information:

Comments / Notes: _____

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

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

Attorney / Insurance Information:

Insurance Company Name: _____

Policy Claim No.: _____ Date of Accident: ____/____/____

Notes: _____

Attorney Name: _____ Phone No.: (____)