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STAND-UP® MRI

MULTI-POSITION™ MRI

MRI OF THE BRAIN - HEAD TRAUMA PROTOCOL

❑ **BENSONHURST**
Also 1.5T MRI
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F: (718) 946-7308
www.standupmriofbensonhurst.com

❑ **ISLANDIA**
Also 3.0T MRI and X-Ray
Islandia Shopping Center
1710 Veterans Memorial Highway
Islandia, NY 11749
P: (631) 348-0996
F: (631) 348-0997
www.standupmriofislandia.com

❑ **MANHATTAN**
Also 3.0T MRI and X-Ray
301 and 305 (Suite 102) E. 55th Street
New York, NY 10022
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F: (212) 772-2032
www.standupmriofmanhattan.com

❑ **WHITE PLAINS**
Also 1.5T MRI
Westchester Medical Pavilion
311 North Street, Suite G10
White Plains, NY 10605
P: (914) 946-9400
F: (914) 946-1938
www.comprehensivemriofwhiteplains.com

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.: (____)_____