

Doctor: Please check your
preference (if any):


☐ STAND-UP® MRI

☐ 3.0T WIDE-BORE MRI


STAND-UP® MRI OF MANHATTAN, P.C. MULTI-POSITION™ MRI

301 and 305 (Suite 102) E. 55th St.
New York, NY 10022

(Located between 1st Ave. and 2nd Ave.)

(212) 772-2300 • (212) 772-2032 FAX

www.standupmri.net

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 of Birth: ____/____/____

Chief Complaint(s): _____

Surgical History: _____

Doctor's Name: _____ Doctor's Signature: _____ Date: ____/____/____

Address: _____

Phone: (____) _____ Fax: (____) _____

Clinical Indications / Symptoms: _____

X-RAY

Head and Neck

- ☐ Skull
☐ Nasal Bones
☐ Facial Bones/Orbits
☐ Orbit Foreign Body
Clearance
☐ Sinuses
☐ Other/Special Instructions: _____

Spine

- ☐ Cervical
☐ Thoracic
☐ Lumbar
☐ Sacrum
☐ Coccyx
☐ Special Instructions: _____

Trunk

- ☐ Ribs _____ L R
☐ Bony Pelvis
☐ Sternum
☐ Sternoclavicular Joints
☐ Special Instructions: _____

Extremities/Joints

- Upper**
☐ Shoulder _____ L R
☐ Scapula _____ L R
☐ Clavicle _____ L R
☐ Humerus _____ L R
☐ Elbow _____ L R
☐ Radius/Ulna _____ L R
☐ Wrist _____ L R
☐ Hand _____ L R
☐ Digit # _____ L R
☐ Thumb _____ L R
☐ Other: _____

Lower

- ☐ Hip _____ L R
☐ Femur _____ L R
☐ Knee _____ L R
☐ Tib/Fib _____ L R
☐ Ankle _____ L R
☐ Heel/Calcaneus _____ L R
☐ Foot _____ L R
☐ Toe # _____ L R
☐ Other: _____

Special Instructions: _____

MRI

HEAD

- | | | |
|--------------------------------------|--------------------------------|--------------------------------|
| | w/o | w & w/o |
| Routine Brain (including Brain Stem) | ☐ 70551 | ☐ 70553 |
| Brain/Attn: IAC's | ☐ 70551 | ☐ 70553 |
| Brain/Attn: Pituitary | ☐ 70551 | ☐ 70553 |
| IAC's | ☐ 70551 | ☐ 70553 |
| Pituitary | ☐ 70551 | ☐ 70553 |
| TMJ | ☐ 70336 | |

ORBIT / FACE / NECK

- | | | |
|------------------|--------------------------------|--------------------------------|
| | w/o | w & w/o |
| Face | ☐ 70540 | ☐ 70543 |
| Orbits | ☐ 70540 | ☐ 70543 |
| Sinuses | ☐ 70540 | ☐ 70543 |
| Soft Tissue Neck | ☐ 70540 | ☐ 70543 |
| Brachial Plexus | ☐ 73218 | ☐ 73220 |

Special Instructions: _____

SPINE

- | | | |
|--|--------------------------------|--------------------------------|
| | w/o | w & w/o |
| Cervical | ☐ 72141 | ☐ 72156 |
| ☐ with Flexion ☐ with Extension on the Stand-Up® MRI | | |
| Thoracic | ☐ 72146 | ☐ 72157 |
| Lumbar | ☐ 72148 | ☐ 72158 |
| ☐ with Flexion ☐ with Extension on the Stand-Up® MRI | | |
| Sacrum | ☐ 72195 | ☐ 72197 |
| Coccyx | ☐ 72195 | ☐ 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 | 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 |

- Finger: _____
- | | | | |
|-----------------|-----|--------------------------------|--------------------------------|
| Thumb | L R | ☐ 73218 | ☐ 73220 |
| Brachial Plexus | L R | ☐ 73218 | ☐ 73220 |

Special Instructions: _____

Lower Extremities/Joints

- | | | | |
|----------|-----|--------------------------------|--------------------------------|
| | | w/o | w & w/o |
| 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: _____

MRA – STAND-UP® MRI

- | | |
|---------------|--------------------------------|
| | w/o |
| Head/COW | ☐ 70544 |
| Neck/Carotids | ☐ 70547 |

MRA – 3T Only

- | | | | |
|---------------------|-----|--------------------------------|--------------------------------|
| | | w/o | w & w/o |
| Head/COW | | ☐ 70544 | ☐ 70546 |
| Neck/Carotids | | ☐ 70547 | ☐ 70549 |
| Chest/Aorta | | | ☐ 70555 |
| Abdomen/Aorta/Renal | | | ☐ 74185 |
| Upper Extremity | L R | | ☐ 73225 |
| Lower Extremity | L R | | ☐ 73725 |

Special Instructions: _____



STAND-UP® MRI

OF MANHATTAN, P.C.

MULTI-POSITION™ MRI

PRINTED FROM WEBSITE

MRI 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.

PREPARATION for your X-Ray Exam:

- Call ahead if you are pregnant, think you might be pregnant, or are breastfeeding. You will be asked to remove any jewelry or metal objects that would interfere with the exam.

For other STAND-UP® MRI locations,
please visit www.standupmri.net

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 | • Coins/Loose Change |
| • Watches | • Tablets/Laptops | • Firearms/Weapons |
| • Cell Phones | • Credit/Debit Cards | |
| • PDA's | • Wallets | |
| • Storage Media | • Metal Objects | |
| • Insulin Pumps | • Hair Clips/Bobby Pins | |

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 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.