



STAND-UP[®] MRI

MRI OF THE BRAIN - HEAD TRAUMA PROTOCOL

MULTI-POSITION MRI

☐ BENSONHURST

Also 1.5T MRI
2671 86th Street
Brooklyn, NY 11223
P: (718) 946-7304
F: (718) 946-7308

☐ ISLANDIA

Also 3.0T MRI and X-Ray
Islandia Shopping Center
1710 Vets Memorial Highway
Islandia, NY 11749
P: (631) 348-0996
F: (631) 348-0997

☐ LYNBROOK

Also 3.0T MRI
229 Broadway
Lynbrook, NY 11563
P: (516) 256-1558
F: (516) 256-0758

☐ MANHATTAN

Also 3.0T MRI and X-Ray
301 and 305 (Ste. 102) E. 55th St.
New York, NY 10022
P: (212) 772-2300
F: (212) 772-2032

☐ 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

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

Patient's Cell #: (____) _____ Patient's Home #: (____) _____

☐ 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: (____) _____

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

Attorney / Insurance Information:

Insurance Company Name: _____

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

Notes: _____

Attorney Name: _____ Phone: (____) _____

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