



# STAND-UP<sup>®</sup> MRI

## MULTI-POSITION<sup>™</sup> MRI

### NEW YORK

**PRINTED FROM WEBSITE**

Your Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_ am \_\_\_\_ pm

Please Bring: Doctor's Prescription, Insurance Card/Info, and Photo ID. If you must change your appointment, please give at least 24 hours' notice.  
*Directions to MRI Centers on Back*

### METRO NY

- ☐ Bensonhurst  
718.946.7304
- ☐ Bronx - Central  
718.678.1970
- ☐ Bronx - South  
718.540.6898
- ☐ East Elmhurst  
718.779.2825
- ☐ Flushing  
718.969.6222
- ☐ NYC - Midtown  
212.772.2300
- ☐ Park Slope  
718.768.7700
- ☐ Staten Island  
718.351.0616
- ☐ White Plains  
914.946.9400
- ☐ Yonkers  
914.337.3300  
1234 Central Park Ave.
- ☐ Yonkers  
914.969.1818  
1034 N. Broadway

### LONG ISLAND

- ☐ Carle Place  
516.746.2248
- ☐ Deer Park  
631.243.3222
- ☐ East Setauket  
631.444.5361
- ☐ Great Neck  
516.478.0004
- ☐ Islandia  
631.348.0996
- ☐ Lynbrook  
516.256.1558
- ☐ Melville  
631.454.0539
- ☐ Wantagh  
516.781.1800

Patient: \_\_\_\_\_  
First MI Last

Patient's Phone #:( ) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Referral: \_\_\_\_/\_\_\_\_/\_\_\_\_

Chief Complaint(s): \_\_\_\_\_

Surgical History: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Signature: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Phone #:( ) \_\_\_\_\_ Doctor's 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 L R 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"/> 73218 | <input type="checkbox"/> 73220 |

Special Instructions: \_\_\_\_\_

#### MRA

|               | w/o                            |
|---------------|--------------------------------|
| Head/COW      | <input type="checkbox"/> 70544 |
| Neck/Carotids | <input type="checkbox"/> 70547 |

#### SPINE

|                                                                               | w/o                            | w & w/o                        |
|-------------------------------------------------------------------------------|--------------------------------|--------------------------------|
| Cervical                                                                      | <input type="checkbox"/> 72141 | <input type="checkbox"/> 72156 |
| <input type="checkbox"/> with Flexion <input type="checkbox"/> with Extension |                                |                                |
| 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"/> with Extension |                                |                                |
| Sacrum                                                                        | <input type="checkbox"/> 72195 | <input type="checkbox"/> 72197 |
| Coccyx                                                                        | <input type="checkbox"/> 72195 | <input type="checkbox"/> 72197 |

Special Instructions: \_\_\_\_\_

#### OTHER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VERY IMPORTANT:** If you have a **pacemaker** OR you ever had **heart surgery** OR you have or once had a **metal particle in your eye** OR you might be **pregnant** OR you had **brain surgery** OR you have a **metal object inside your body** OR you wear a **medication patch**, you must notify us before you come for your appointment.

#### Upper Extremities/Joints

|                 |   |   | w/o                            | w & w/o                        |
|-----------------|---|---|--------------------------------|--------------------------------|
| Shoulder        | L | R | <input type="checkbox"/> 73221 | <input type="checkbox"/> 73223 |
| Humerus         | L | R | <input type="checkbox"/> 73218 | <input type="checkbox"/> 73220 |
| Elbow           | L | R | <input type="checkbox"/> 73221 | <input type="checkbox"/> 73223 |
| Forearm         | L | R | <input type="checkbox"/> 73218 | <input type="checkbox"/> 73220 |
| Wrist           | L | R | <input type="checkbox"/> 73221 | <input type="checkbox"/> 73223 |
| Hand            | L | R | <input type="checkbox"/> 73218 | <input type="checkbox"/> 73220 |
| Finger: _____   |   |   |                                |                                |
| Thumb           | L | R | <input type="checkbox"/> 73218 | <input type="checkbox"/> 73220 |
| Brachial Plexus | L | R | <input type="checkbox"/> 73218 | <input type="checkbox"/> 73220 |

Special Instructions: \_\_\_\_\_

#### Lower Extremities/Joints

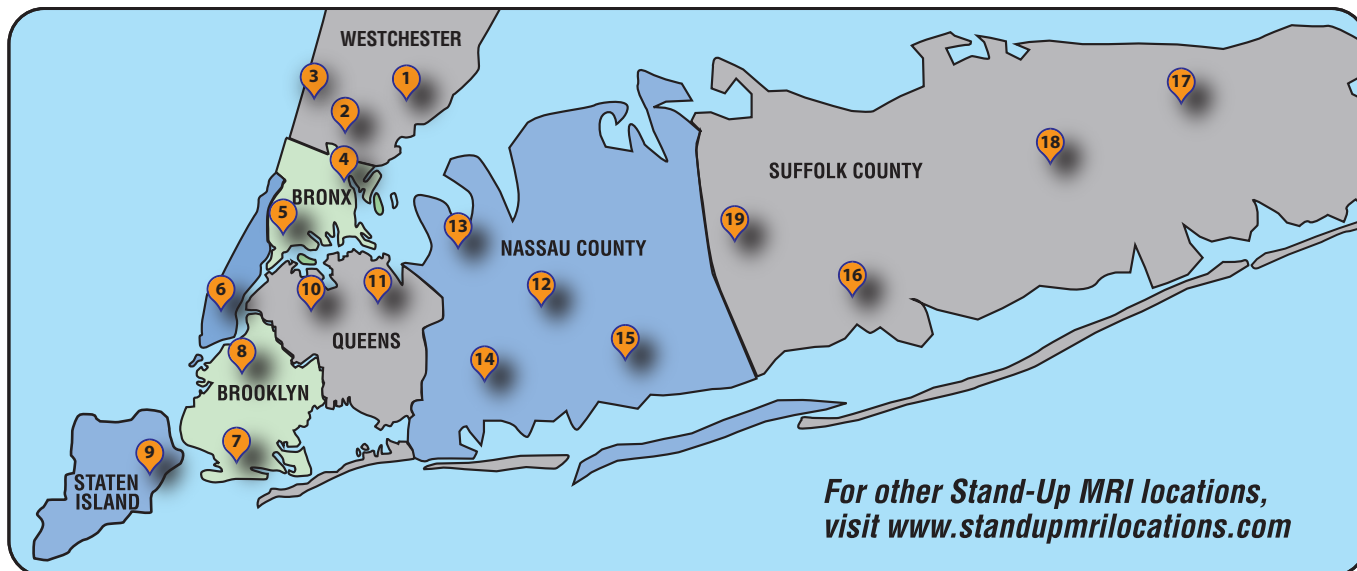
|          |   |   | w/o                            | w & w/o                        |
|----------|---|---|--------------------------------|--------------------------------|
| Hip      | L | R | <input type="checkbox"/> 73721 | <input type="checkbox"/> 73723 |
| Femur    | L | R | <input type="checkbox"/> 73718 | <input type="checkbox"/> 73720 |
| Knee     | L | R | <input type="checkbox"/> 73721 | <input type="checkbox"/> 73723 |
| Tib/Fib  | L | R | <input type="checkbox"/> 73718 | <input type="checkbox"/> 73720 |
| Ankle    | L | R | <input type="checkbox"/> 73721 | <input type="checkbox"/> 73723 |
| Forefoot | L | R | <input type="checkbox"/> 73718 | <input type="checkbox"/> 73720 |
| Hindfoot | L | R | <input type="checkbox"/> 73721 | <input type="checkbox"/> 73723 |

Special Instructions: \_\_\_\_\_

#### BODY

Region of Interest: \_\_\_\_\_  
Please Specify: ☐ w/o ☐ w & w/o  
Special Instructions: \_\_\_\_\_





## METRO NY

### WESTCHESTER

- 1** Comprehensive MRI of White Plains (+1.5T MRI)  
311 North Street, Suite G10, White Plains, NY 10605  
914.946.9400 • 914.946.1938 Fax  
Located in the Westchester Medical Pavilion
- 2** Stand-Up MRI of Yonkers  
1234 Central Park Avenue, Yonkers, NY 10704  
914.337.3300 • 914.337.3323 Fax  
Exit 5 off 87N (or Exit 4N off Cross County Pkwy) to Central Pk. Ave.
- 3** Stand-Up MRI of Yonkers  
1034 N. Broadway, Suite 5, Yonkers, NY 10701  
914.969.1818 • 914.969.0828 Fax  
Located just north of St. John's Riverside Hospital

### BRONX

#### Central

- 4** Stand-Up MRI of the Bronx, P.C. (+1.5T MRI and X-Ray)  
2050 Eastchester Road, Suite 1B, Bronx, NY 10461  
718.678.1970 • 718.678.1975 Fax  
Located across from Jacobi Medical Center

#### South

- 5** Stand-Up MRI of the South Bronx  
618 Morris Avenue, 1st Floor, Bronx, NY 10451  
718.540.6898 • 718.540.6899 Fax  
On the corner of Morris Ave. and E. 151st st. Two blocks from Lincoln Medical Center

### MANHATTAN

#### Midtown

- 6** Stand-Up MRI of Manhattan, P.C. (+3T MRI and X-Ray)  
301 and 305 (Suite 102) E. 55th Street, New York, NY 10022  
212.772.2300 • 212.772.2032 Fax  
Located between 1st and 2nd Avenue

### BROOKLYN

#### Bensonhurst

- 7** Stand-Up MRI of Bensonhurst, P.C. (+1.5T MRI)  
2671 86th Street, Brooklyn, NY 11223  
718.946.7304 • 718.946.7308 Fax  
Located on 86th Street between West 12th St. and West 11th St.

#### Park Slope

- 8** Stand-Up MRI of Brooklyn, P.C.  
306 5th Avenue, Brooklyn, NY 11215  
718.768.7700 • 718.768.9459 Fax  
Located on the corner of 5th Avenue and 2nd St.

### STATEN ISLAND

- 9** Stand-Up MRI of Staten Island, P.C.  
2090 Hylan Blvd, Staten Island, NY 10306  
718.351.0616 • 718.351.2417 Fax  
Located two blocks east of Midland Avenue

### QUEENS

#### East Elmhurst

- 10** Stand-Up MRI of East Elmhurst, P.C.  
75-33 31st Avenue, East Elmhurst, NY 11370  
718.779.2825 • 718.779.5349 Fax  
Located in the Jackson Heights Shopping Center

### Flushing

- 11** Stand-Up MRI of Queens, P.C. (+1.5T Extremity MRI)  
167-20 Union Turnpike, Flushing, NY 11366  
718.969.6222 • 718.969.6333 Fax  
Located on the southwest corner of Union Turnpike and 168th Street

## LONG ISLAND

### NASSAU COUNTY

#### Carle Place

- 12** Stand-Up MRI of Carle Place, P.C.  
31 Old Country Road, Carle Place, NY 11514  
516.746.2248 • 516.746.2218 Fax  
Located in the Country Glen Shopping Center

#### Great Neck

- 13** Stand-Up MRI of Great Neck  
600 Northern Blvd., Suite 117, Great Neck, NY 11021  
516.478.0004 • 516.478.0013 Fax  
Located on the corner of Northern Boulevard and Lakeville Road

#### Lynbrook

- 14** Stand-Up MRI of Lynbrook, P.C. (+3T MRI)  
229 Broadway, Lynbrook, NY 11563  
516.256.1558 • 516.256.0758 Fax  
Located on the west side of Broadway, ¼ mile south of Sunrise Hwy.

#### Wantagh

- 15** Stand-Up MRI of Wantagh  
1165 Wantagh Avenue, Wantagh, NY 11793  
516.781.1800 • 516.781.1888 Fax  
Located in Willow Wood Shoppes

### SUFFOLK COUNTY

#### Deer Park

- 16** Stand-Up MRI of Deer Park, P.C.  
1118 Deer Park Avenue, North Babylon, NY 11703  
631.243.3222 • 631.243.3355 Fax  
Located in the Sunset Plaza Shopping Center

#### East Setauket

- 17** Stand-Up MRI of East Setauket  
24 Research Way, Suite 400, East Setauket, NY 11733  
631.444.5361 • 631.444.5362 Fax  
Located in Stony Brook Technology Park off Belle Meade Road

#### Islandia

- 18** Stand-Up MRI of Islandia (+3T MRI and X-Ray)  
1710 Veterans Memorial Hwy., Islandia, NY 11749  
631.348.0996 • 631.348.0997 Fax  
Located in the Islandia Shopping Center

#### Melville

- 19** Stand-Up MRI of Melville, P.C.  
110 Marcus Drive, Melville, NY 11747  
631.454.0539 • 631.454.9190 Fax  
Located on the corner of Pinelawn Road & Marcus Drive, 1.5 miles south of the LIE (Exit 49)