



# STAND-UP<sup>®</sup> MRI

MULTI-POSITION<sup>™</sup> MRI

2671 86th Street, Brooklyn, NY 11223  
(718) 946-7304 • Fax (718) 946-7308  
www.standupmriofbensonhurst.com

**Doctor: Please check your preference, if any:**



**STAND-UP<sup>®</sup> MRI**

**1.5T HIGH-FIELD WIDE-BORE MRI**

Your Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  am  pm

If you must change your appointment, please give at least 24 hours' notice.

**Important:** Safety precautions and instructions are provided on the back of this form.

Clinical Indications: \_\_\_\_\_

**Doctor's Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctor's Name: \_\_\_\_\_  
First MI Last

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

Doctor's Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First MI Last

Patient's Surgical History: \_\_\_\_\_

Patient's Chief Complaint(s) / Symptoms: \_\_\_\_\_

Patient's Phone: (\_\_\_\_) \_\_\_\_\_ Insurance: \_\_\_\_\_ Claim / Policy #: \_\_\_\_\_

### 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 IACs	<input type="checkbox"/> 70551	<input type="checkbox"/> 70553
Pituitary	<input type="checkbox"/> 70551	<input type="checkbox"/> 70553
TMJ	<input type="checkbox"/> 70551	<input type="checkbox"/> 70553
	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> 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: \_\_\_\_\_

### SPINE

	w/o	w & w/o
Cervical	<input type="checkbox"/> 72141	<input type="checkbox"/> 72156
Thoracic	<input type="checkbox"/> 72146	<input type="checkbox"/> 72157
Lumbar	<input type="checkbox"/> 72148	<input type="checkbox"/> 72158
Sacrum/Coccyx	<input type="checkbox"/> 72195	<input type="checkbox"/> 72197

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

STAND-UP<sup>®</sup> MRI Only: Add-on Option  Flex/Ext

### BODY

	w/o	w & w/o
Chest	<input type="checkbox"/> 71550	<input type="checkbox"/> 71552
Abdomen [HIGH-FIELD MRI Only]	<input type="checkbox"/> 74181	<input type="checkbox"/> 74183
Pelvis	<input type="checkbox"/> 72195	<input type="checkbox"/> 72197
MRCP [HIGH-FIELD MRI Only]	<input type="checkbox"/> 74181	<input type="checkbox"/> 74183

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

### UPPER EXTREMITIES/JOINTS

		w/o	w & w/o
Shoulder	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73221	<input type="checkbox"/> 73223
Humerus	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73218	<input type="checkbox"/> 73220
Elbow	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73221	<input type="checkbox"/> 73223
Forearm	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73218	<input type="checkbox"/> 73220
Wrist	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73221	<input type="checkbox"/> 73223
Hand	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73218	<input type="checkbox"/> 73220

Finger: _____			
Thumb	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73218	<input type="checkbox"/> 73220
Brachial Plexus	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73218	<input type="checkbox"/> 73220

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

### LOWER EXTREMITIES/JOINTS

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

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

### MRA

		w/o	w & w/o
Head/COW		<input type="checkbox"/> 70544	<input type="checkbox"/> 70546
Neck/Carotids		<input type="checkbox"/> 70547	<input type="checkbox"/> 70549
Chest/Aorta [HIGH-FIELD MRI Only]		<input type="checkbox"/> 71555	<input type="checkbox"/> 71555
Abdomen/Aorta/Renal [HIGH-FIELD MRI Only]		<input type="checkbox"/> 74185	<input type="checkbox"/> 74185
Upper Extremity	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73225	<input type="checkbox"/> 73225
Lower Extremity	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73725	<input type="checkbox"/> 73725
Abdominal Aorta with Lower Extremity Runoff		<input type="checkbox"/> 74185	<input type="checkbox"/> 74185

73725x2 73725x2

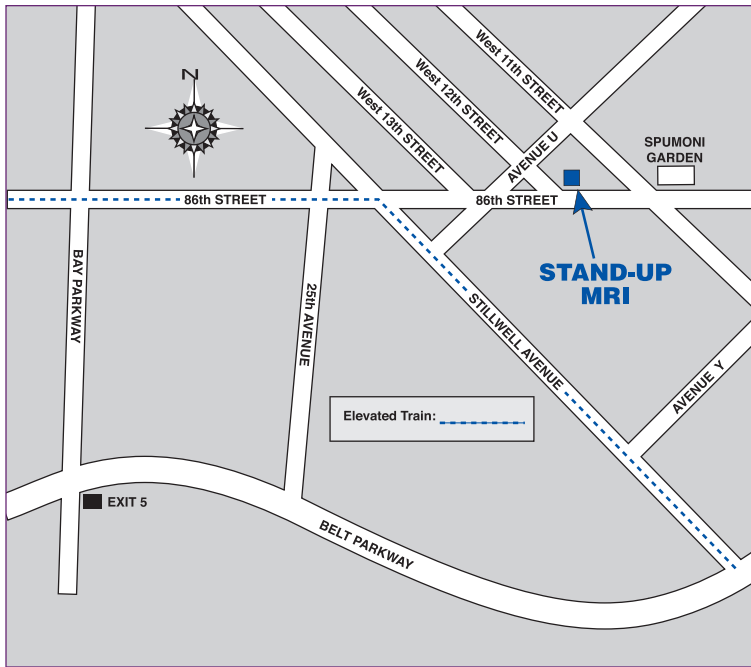


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- Open 7 Days a Week
- Multi-Lingual Staff
- Convenient Patient Scheduling
- Same-Day Scheduling Available
- Same-Day Reads Upon the Referring Doctor's Request
- Board-Certified Radiologists
- ACR-Accredited Facility
- Participation with Most Insurance Companies.



## 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.

*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.*

## 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.

For additional Stand-Up<sup>®</sup> MRI locations, please visit [www.standupmriofbensonhurst.com](http://www.standupmriofbensonhurst.com)