



STAND-UP[®] MRI

MULTI-POSITION[™] MRI

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.

Carle Place

31 Old Country Rd.
(516) 746-2248
Fax: (516) 746-2218
NPI: 1295826584

Deer Park

1118 Deer Park Ave.
(631) 243-3222
Fax: (631) 243-3355
NPI: 1821180159

Great Neck

600 Northern Blvd.
(516) 478-0004
Fax: (516) 478-0013
NPI: 1568828861

East Setauket

24 Research Way
(631) 444-5361
Fax: (631) 444-5362
NPI: 1124093018

Lynbrook

229 Broadway
(516) 256-1558
Fax: (516) 256-0758
NPI: 1134211436

Islandia

1824 Vets Mem. Hwy.
(631) 348-0996
Fax: (631) 348-0997
NPI: 1427024199

Wantagh

1165 Wantagh Ave.
(516) 781-1800
Fax: (516) 781-1888
NPI: 1982942272

Melville

110 Marcus Drive
(631) 454-0539
Fax: (631) 454-9190
NPI: 1457326506

Patient's Name: _____ Phone: (____) _____ Date of Referral: ___/___/___
First MI Last

Chief Complaint(s): _____

Surgical History: _____

Doctor's Name: _____ Doctor's Signature: _____

Address: _____

Phone: _____ Fax: _____

Give CD Films Imagegram to my patient.

Send CD Films Imagegram to my office.

(Note: Cutaway views are provided below to show patient positioning.)

CERVICAL

w/o 72141 w & w/o 72156



Add-On Positions (Optional)



- Flexion
- Extension
- Recumbent (for comparison)
- Other _____

LUMBAR

w/o 72148 w & w/o 72158



Add-On Positions (Optional)



- Flexion
- Extension
- Recumbent (for comparison)
- Other _____

Special Instructions: _____

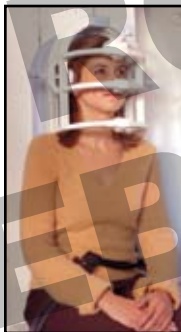
THORACIC



w/o 72146 w & w/o 72157

Add-On Position (Optional)

- Recumbent (for comparison)



HEAD

Routine Brain 70551 70553
TMJ 70336 None
IAC's 70551 70553
Pituitary 70551 70553

ORBIT / FACE / NECK

Orbits 70540 70543
Sinuses 70540 70543
Soft Tissue Neck 70540 70543

MRA Circle of Willis w/o 70544 / Carotid Arteries w/o 70547

Other / Special Instructions: _____



UPPER EXTREMITIES / JOINTS

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

Other / Special Instructions: _____



LOWER EXTREMITIES / JOINTS

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

Other / Special Instructions: _____

BODY



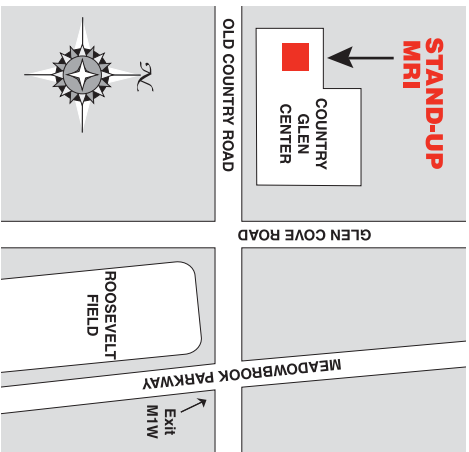
Region of Interest: _____

Please Specify: w/o w & w/o

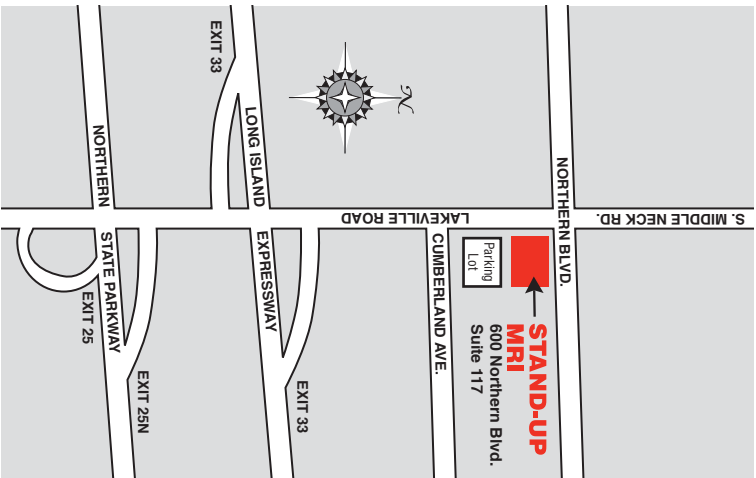
VERY IMPORTANT: If you have a pacemaker OR ever had metal in your eye or somewhere else in your body OR you wear a medication patch OR you might be pregnant, you must notify us before you come for your appointment.

TO PATIENTS AND DOCTORS REGARDING CONTRAST STUDIES: Blood work (particularly the estimated eGFR) is required for patients who are 60 or older OR are diabetic OR have kidney problems. Blood work must be done no earlier than six (6) weeks prior to the scheduled exam and the results sent to our office in advance of the appointment.

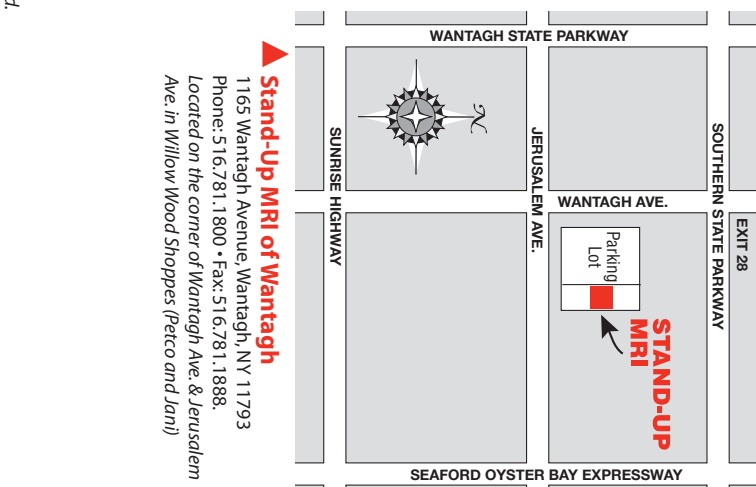
NASSAU COUNTY



▲ Stand-Up MRI of Carle Place, P.C.
 31 Old Country Road, Carle Place, NY 11514
 Phone: 516.746.2248 • Fax: 516.746.2218
 Located at the intersection of Old Country Road & Glen Cove Road in the Country Glen Shopping Center near Barnes & Noble and Bagel Boss Cafe

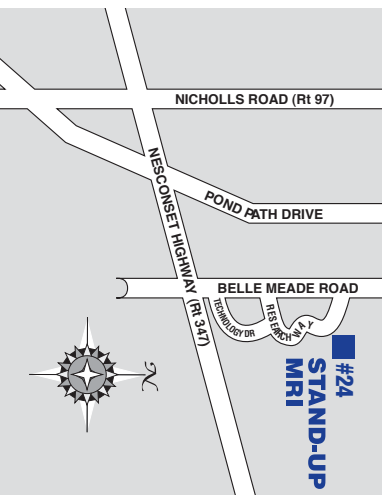
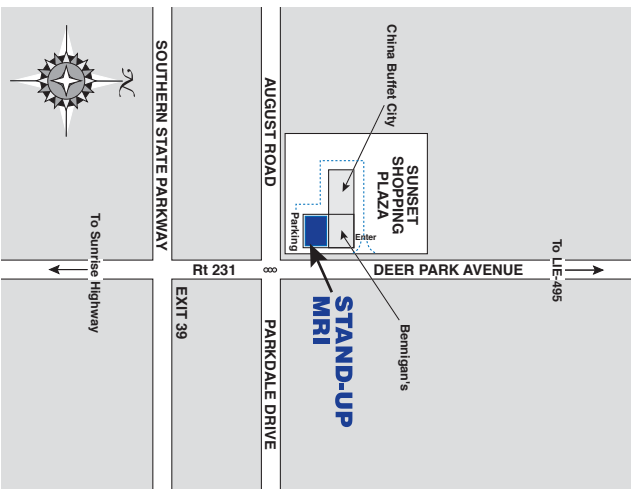


▲ Stand-Up MRI of Lynbrook, P.C.
 229 Broadway, Lynbrook, NY 11563
 Phone: 516.256.1558 • Fax: 516.256.0758
 Located on the west side of Broadway, ¼ mile south of Sunrise Highway



▲ Stand-Up MRI of Wantagh
 1165 Wantagh Avenue, Wantagh, NY 11793
 Phone: 516.781.1800 • Fax: 516.781.1888.
 Located on the corner of Wantagh Ave. & Jerusalem Ave. in Willow Wood Shoppes (Peto and Jani)

SUFFOLK COUNTY



▲ Stand-Up MRI of East Setauket

24 Research Way, Suite 400, East Setauket, NY 11733
 Phone: 631.444.5361 • Fax: 631.444.5362
 Located in Stony Brook Technology Park, north of Rt. 347, off Belle Meade Road

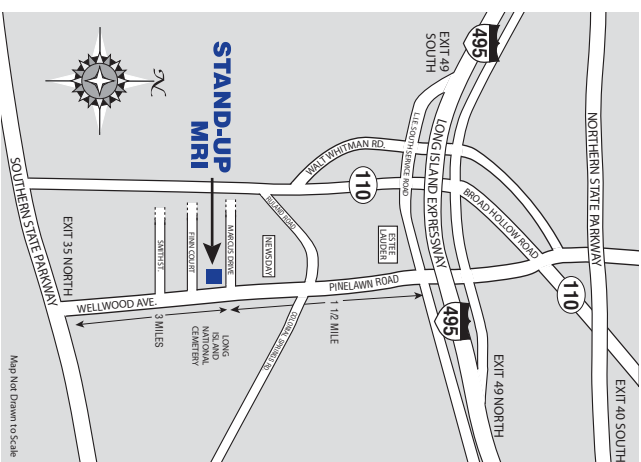


▲ Stand-Up MRI of Islandia

1824 Veterans Memorial Hwy., Islandia, NY 11749
 Phone: 631.348.0996 • Fax: 631.348.0997
 Located in the Islandia Shopping Center (on Vets Memorial Highway), between Walmart and TJ MAXX

▲ Stand-Up MRI of Melville, P.C.

110 Marcus Drive, Melville, NY 11747
 Phone: 631.454.0539 • Fax: 631.454.9190
 Located in the FOMAR building across the street from Clare Rose



▲ Stand-Up MRI

For other Stand-Up® MRI locations, please visit www.standupmri.com.