



STAND-UP[®] MRI

MULTI-POSITION[™] MRI

Carle Place

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

Great Neck

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

Lynbrook

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

Wantagh

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

Deer Park

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

East Setauket

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

Islandia

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

Melville

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

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.

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.)

Clinical Indications / Symptoms: _____

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
Brain/Attn: IACs 70551 70553
Brain/Attn: Pituitary 70551 70553
IACs 70551 70553
Pituitary 70551 70553
TMJ L R 70336 none

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: _____

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.

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: _____

