



# STAND-UP<sup>®</sup> MRI

MULTI-POSITION<sup>™</sup> 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.)

### 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: \_\_\_\_\_

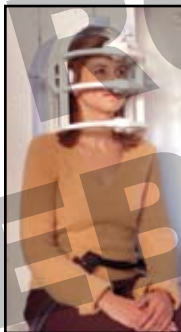
### THORACIC



w/o  72146 w & w/o  72157

### Add-On Position (Optional)

- Recumbent (for comparison)



### HEAD

Routine Brain  70551 w/o  70553 w & w/o  
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



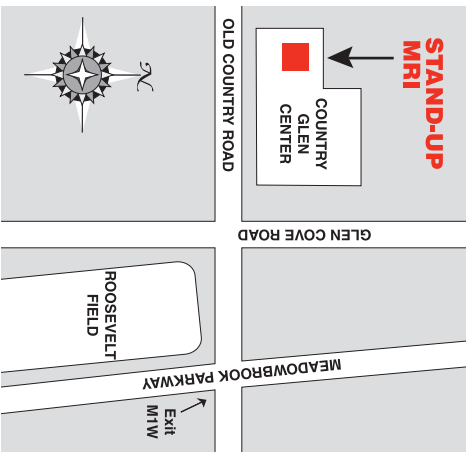
Region of Interest: \_\_\_\_\_

Please Specify:  w/o  w & w/o

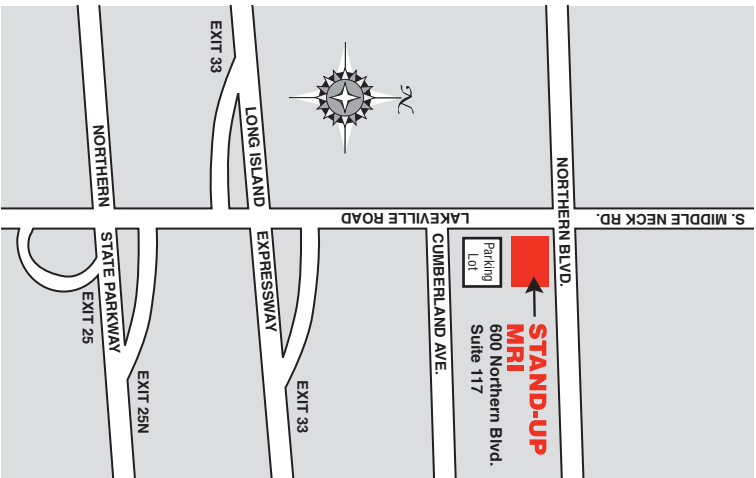
**VERY IMPORTANT:** If you have a **pacemaker** OR **ever had metal in your eye** or somewhere else in your body OR you wear a medication patch OR you might be **pregnant**, you must notify us before you come for your appointment.

**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

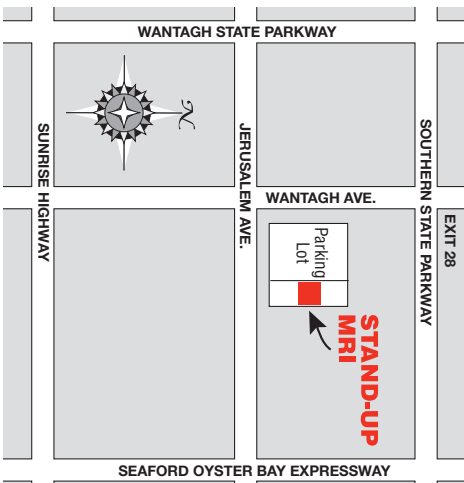
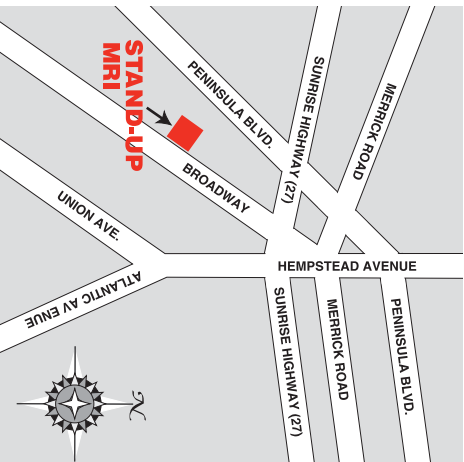


▲ **Stand-Up MRI of Carle Place, P.C.**  
 31 Old Country Road, Carle Place, NY 11514  
 Phone: 516.746.2248 • Fax: 516.746.2218  
 Located at the intersection of Old Country Road & Glen Cove Road in the Country Glen Shopping Center near Barnes & Noble and Bagel Boss Cafe



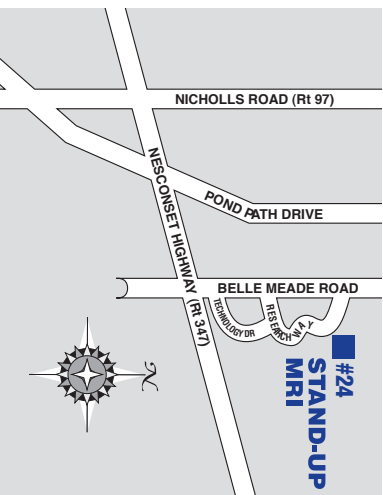
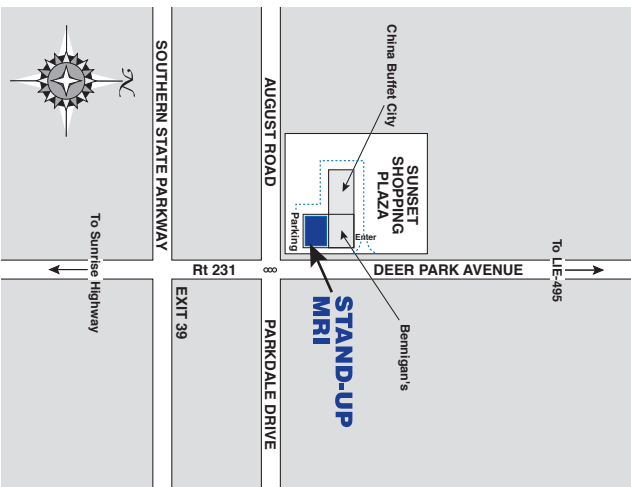
▲ **Stand-Up MRI of Lynbrook, P.C.**  
 229 Broadway, Lynbrook, NY 11563  
 Phone: 516.256.1558 • Fax: 516.256.0758  
 Located on the west side of Broadway, ¼ mile south of Sunrise Highway

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



▲ **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

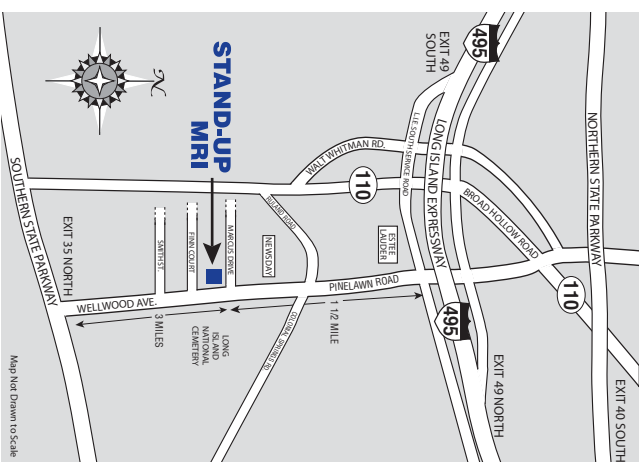
▲ **Stand-Up MRI of Islandia**  
 1824 Veterans Memorial Hwy., Islandia, NY 11749  
 Phone: 631.348.0996 • Fax: 631.348.0997  
 Located in the Islandia Shopping Center (on Vets Memorial Highway), between Walmart and TJ MAXX

▲ **Stand-Up MRI of Deer Park, P.C.**

1118 Deer Park Avenue, North Babylon, NY 11703  
 Phone: 631.243.3222 • Fax: 631.243.3355  
 Located on Deer Park Ave. (Rt. 231), one block north of Southern State Parkway (Exit 39N), behind Habachi Grill and Buffalo Wild Wings in the Sunset Shopping Center

▲ **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



For other Stand-Up® MRI locations, please visit [www.standupmri.com](http://www.standupmri.com).