

Doctor: Please check your preference (if any):



STAND-UP® MRI



1.5T WIDE-BORE MRI



MULTI-POSITION™ MRI

# STAND-UP MRI of the Bronx, P.C.

2050 Eastchester Road, Suite 1B  
Bronx, New York 10461  
718.678.1970 • Fax: 718.678.1975  
www.standupmriofbronx.com

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

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

Your Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  am  pm  
If you must change your appointment, please give us 24 hours' notice.  
**Important: Read the Safety Precautions written on the back of this page**

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

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

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

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Give  CD to my patient.

Send  CD to my office.

Clinical Indications / Symptoms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## X-RAY

### Head and Neck

- Skull
- Nasal Bones
- Facial Bones/Orbits
- Orbit Foreign Body Clearance
- Sinuses
- Other/Special Instructions: \_\_\_\_\_

### Spine

- Cervical
- Thoracic
- Lumbar
- Sacrum
- Coccyx
- Special Instructions: \_\_\_\_\_

### Trunk

- Ribs \_\_\_\_\_ L R
- Bony Pelvis
- Sternum
- Sternoclavicular Joints
- Special Instructions: \_\_\_\_\_

### Extremities/Joints

- #### Upper
- Shoulder \_\_\_\_\_ L R
  - Scapula \_\_\_\_\_ L R
  - Clavicle \_\_\_\_\_ L R
  - Humerus \_\_\_\_\_ L R
  - Elbow \_\_\_\_\_ L R
  - Radius/Ulna \_\_\_\_\_ L R
  - Wrist \_\_\_\_\_ L R
  - Hand \_\_\_\_\_ L R
  - Digit # \_\_\_\_\_ L R
  - Thumb \_\_\_\_\_ L R
  - Other: \_\_\_\_\_

#### Lower

- Hip \_\_\_\_\_ L R
- Femur \_\_\_\_\_ L R
- Knee \_\_\_\_\_ L R
- Tib/Fib \_\_\_\_\_ L R
- Ankle \_\_\_\_\_ L R
- Heel/Calcaneus \_\_\_\_\_ L R
- Foot \_\_\_\_\_ L R
- Toe # \_\_\_\_\_ L R
- Other: \_\_\_\_\_

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

## MRI

### HEAD

- |                                      |                                |                                |
|--------------------------------------|--------------------------------|--------------------------------|
|                                      | w/o                            | w & w/o                        |
| Routine Brain (including Brain Stem) | <input type="checkbox"/> 70551 | <input type="checkbox"/> 70553 |
| TMJ                                  | <input type="checkbox"/> 70336 | <input type="checkbox"/> None  |
| IAC's                                | <input type="checkbox"/> 70551 | <input type="checkbox"/> 70553 |
| Pituitary                            | <input type="checkbox"/> 70551 | <input type="checkbox"/> 70553 |
- 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 |
| <input type="checkbox"/> with Flexion <input type="checkbox"/> with Extension on the Stand-Up® MRI |                                |                                |
| 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 on the Stand-Up® MRI |                                |                                |
| Sarcrum  | <input type="checkbox"/> 72195 | <input type="checkbox"/> 72197 |
| Coccyx   | <input type="checkbox"/> 72195 | <input type="checkbox"/> 72197 |
- Special Instructions: \_\_\_\_\_

### BODY

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

### OTHER

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

### 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 |
- 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: \_\_\_\_\_

### MRA – STAND-UP® MRI

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

### MRA – 1.5T Only

- |                     |                                |                                |
|---------------------|--------------------------------|--------------------------------|
|                     | 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         |                                | <input type="checkbox"/> 70555 |
| Abdomen/Aorta/Renal |                                | <input type="checkbox"/> 74185 |
| Upper Extremity     | L R                            | <input type="checkbox"/> 73225 |
| Lower Extremity     | L R                            | <input type="checkbox"/> 73725 |

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



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From Pelham Parkway:

Turn south onto Eastchester Road and travel for approximately 0.2 miles. The MRI facility will be on your left on the corner of Eastchester Road and Seminole Street, across from Jacobi Medical Center.

By Bus:

BX31 stops right in front.

BX21 and BXM10 stop on the corner of Morris Park Avenue and Eastchester Road. It's between a five and ten minute walk up Eastchester Road to the MRI facility.



## MRI SAFETY PRECAUTIONS:

### Call ahead if you...

- have a **pacemaker**
- have a **metal particle(s) in your eye(s)**, or ever had a metal particle(s) removed from your eye(s)
- are or think you might be **pregnant**
- had **heart surgery** or surgery of the heart's valves
- had **brain surgery**
- have or think you might have a **metal object or device inside your body**
- wear a **medication patch**

### 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 the radiologist, copies of the films as well.

## PREPARATION for your X-Ray Exam:

In general, you undress whatever part of your body needs examination. You may wear a gown to cover yourself during the exam, depending on which area is being X-rayed. You may also be asked to remove jewelry, eyeglasses and any metal objects that may obscure the X-ray image, because these objects can show up on an X-ray.

## WARNING: DO NOT BRING any of the following into the MRI Exam Room:

- **Hearings Aids**
- Watches
- Cell Phones
- PDA's
- Storage Media
- Insulin Pumps
- Keys
- Tablets/Laptops
- Credit/Debit Cards
- Wallets
- Metal Objects
- Hair Clips/Bobby Pins
- Coins/Loose Change

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.

In general, metal objects of any size can degrade the quality of the MRI picture, possibly requiring you to return to repeat the exam.

*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 this warning.*

## 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, your blood work must be done no earlier than six (6) weeks prior to your scheduled appointment.
- Avoid wearing metal objects near the area to be scanned.
- Sweatsuits are advisable because they are comfortable and have very little metal in them.
- There are no food or drink restrictions.
- Take your regular medication(s), if any, as usual.