



STAND-UP[®] MRI CENTERS of South Florida

PRINTED FROM WEBSITE

Physician Preference:

Boca Raton..... (561) 470-1890

- Stand-Up[®] MRI 1.5T HF Wide-Bore MRI
- No Preference

Ft. Lauderdale..... (954) 489-0099

- Stand-Up[®] MRI 3.0T MRI
- No Preference

Miami..... (305) 461-6005

- Stand-Up[®] MRI 3.0T MRI
- No Preference

Naples..... (239) 514-2600

- Stand-Up[®] MRI

Pembroke Pines..... (954) 688-4040

- Stand-Up[®] MRI 3.0T MRI
- No Preference



Your Appointment Date: ____/____/____ Time: _____ am pm

Please bring this form or a signed prescription from your doctor when you come for your appointment. As a precaution, we also ask that you text a photo of this form or the prescription to us at (561) 404-0500 prior to your appointment.

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 Name: _____

First MI Last

Doctor's Address: _____

Doctor's Phone: () _____ Fax: () _____

Doctor's Signature: X _____ **Date:** ____/____/____

Patient's Name: _____ Date of Birth: ____/____/____

First MI Last

Patient's Surgical History: _____

Patient's Phone: () _____ Insurance Company Name: _____ Claim / Policy #: _____

If an auto accident claim, was the patient seen by a medical professional within 14 days of the accident? Yes No

Does patient need EMC evaluation? Yes No Date of Injury ____/____/____

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 Cervical Flexion & 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 Lumbar Flexion & Extension on the Stand-Up [®] MRI | | |
| Sacrum/Coccyx | <input type="checkbox"/> 72195 | <input type="checkbox"/> 72197 |

Special Instructions: _____

BODY

- | | w/o | w & w/o |
|----------------|--------------------------------|--------------------------------|
| Chest | <input type="checkbox"/> 71550 | <input type="checkbox"/> 71552 |
| Abdomen | <input type="checkbox"/> 74181 | <input type="checkbox"/> 74183 |
| Pelvis | <input type="checkbox"/> 72195 | <input type="checkbox"/> 72197 |
| Prostate | <input type="checkbox"/> 72195 | <input type="checkbox"/> 72197 |
| MRCP [3T 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 |
- 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 or 3.0T Only] | | <input type="checkbox"/> 71555 |
| Abdomen/Aorta/Renal [HIGH-FIELD or 3.0T Only] | | <input type="checkbox"/> 74185 |
| Upper Extremity | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> 73225 |
| Lower Extremity | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> 73725 |
| Abdominal Aorta with Lower Extremity Runoff | | <input type="checkbox"/> 74185 |

Special Instructions: _____ 73725x2



STAND-UP[®] MRI CENTERS of South Florida

BOCA RATON

[Stand-Up[®] MRI & 1.5T MRI]
Stand-Up MRI of Boca Raton, P.A.
Boca Hamptons Plaza
9080 Kimberly Blvd., Suite 14
Boca Raton, FL 33434
(561) 470-1890 • Fax: (561) 470-1891
www.standupmriofbocaraton.com
Tax ID: 65-0256103
NPI: 1306811104

FT. LAUDERDALE

[Stand-Up[®] MRI & 3.0T MRI]
Stand-Up MRI of Ft. Lauderdale
4616 N. Federal Highway
Ft. Lauderdale, FL 33308
(954) 489-0099 • Fax: (954) 489-0040
www.standupmriofftlauderdale.com
Tax ID: 65-0637743
NPI: 1518059781

MIAMI

[Stand-Up MRI[®] & 3.0T MRI]
Stand-Up MRI of Miami
1661 SW 37th Avenue, Suite 100
Miami, FL 33145
(305) 461-6005 • Fax: (305) 461-8662
www.standupmriofmiami.com
Tax ID: 37-1448603
NPI: 1336231513

NAPLES

[Stand-Up[®] MRI]
Stand-Up MRI of SW Florida
4521 Executive Drive, Suite 104
Naples, FL 34119
(239) 514-2600 • Fax: (239) 514-0019
www.standupmriofswflorida.com
Tax ID: 59-3357390
NPI: 1841514254

PEMBROKE PINES

[Stand-Up MRI[®] & 3.0T MRI]
Stand-Up MRI and 3T Imaging
16604 Sheridan Street
Pembroke Pines, FL 33331
(954) 688-4040 • Fax: (954) 688-4050
www.standupmriand3TImaging.com
Tax ID: 65-0637743
NPI: 1427679836

SAFETY PRECAUTIONS:

- 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 have a **pacemaker.**
- Call ahead if you are **pregnant** or think you might be pregnant.
- Call ahead if you ever had **heart surgery** or surgery of the heart's valves.
- Call ahead if you ever had **brain surgery.**
- Call ahead if you have or think you might have a **metal object inside your body.**
- Call ahead if you 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 our radiologist, copies of the images (on film or CD) as well.

PREPARATION for your MRI Exam:

- If you are scheduled for an **MRI exam with contrast,** you may be required, depending on your age and medical condition, to have blood work done in advance. If you are told this applies to you, be advised that blood work must be done no earlier than six (6) weeks prior to your scheduled exam.
- Wear comfortable clothing with no metal in it or attached to it.
- There are no food or drink restrictions.
- Take your regular medication(s), if any, as usual.

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

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

Why? Because the strong magnetic field of the MRI scanner...

- can damage or completely destroy hearing aids, watches, cell phones, PDA's, storage media, insulin pumps, electronic keys, etc.
- can erase credit/debit cards
- can launch metal objects into the MRI scanner, endangering the patient or the MRI technologist.

Metal objects of any size can degrade the quality of the MRI pictures, possibly requiring the patient to return to repeat the MRI exam.

Please be advised that neither the owner of this medical 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.

Other Florida Stand-Up[®] MRI locations:
Orlando(407) 841-1800
Ormond Beach(386) 677-7730
Tallahassee(850) 385-6422

For additional locations, please visit
www.standupmrilocations.com.