



Doctor: Please check your preference:

STAND-UP® MRI 3.0T WIDE-BORE



MULTI-POSITION™ MRI

No Preference



GE750W

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

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 Signature: X _____ **Date:** ____/____/____

Doctor's Name: _____

First MI Last

Doctor's Address: _____

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

Patient's Name: _____
First MI Last

Patient's Surgical History: _____

Patient's Chief Complaint(s) / Symptoms: _____

Address: _____

Phone: (____) _____

HEAD

	w/o	w & w/o
Routine Brain (including Brain Stem)	<input type="checkbox"/>	<input type="checkbox"/>
TMJ	<input type="checkbox"/>	<input type="checkbox"/>
IAC's	<input type="checkbox"/>	<input type="checkbox"/>
Pituitary	<input type="checkbox"/>	<input type="checkbox"/>
Special Instructions: _____		

ORBIT / FACE / NECK

	w/o	w & w/o
Face	<input type="checkbox"/>	<input type="checkbox"/>
Orbits	<input type="checkbox"/>	<input type="checkbox"/>
Sinuses	<input type="checkbox"/>	<input type="checkbox"/>
Soft Tissue Neck	<input type="checkbox"/>	<input type="checkbox"/>
Bracial Plexus	<input type="checkbox"/>	<input type="checkbox"/>
Special Instructions: _____		

SPINE

	w/o	w & w/o
Cervical	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>
Sarcrum/Coccyx	<input type="checkbox"/>	<input type="checkbox"/>
Special Instructions: _____		

BODY

	w/o	w & w/o
Chest	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen [3T Only]	<input type="checkbox"/>	<input type="checkbox"/>
Pelvis	<input type="checkbox"/>	<input type="checkbox"/>
MRCP [3T Only]	<input type="checkbox"/>	<input type="checkbox"/>
MR Enterography [3T Only]	<input type="checkbox"/>	<input type="checkbox"/>
Special Instructions: _____		

Upper Extremities/Joints

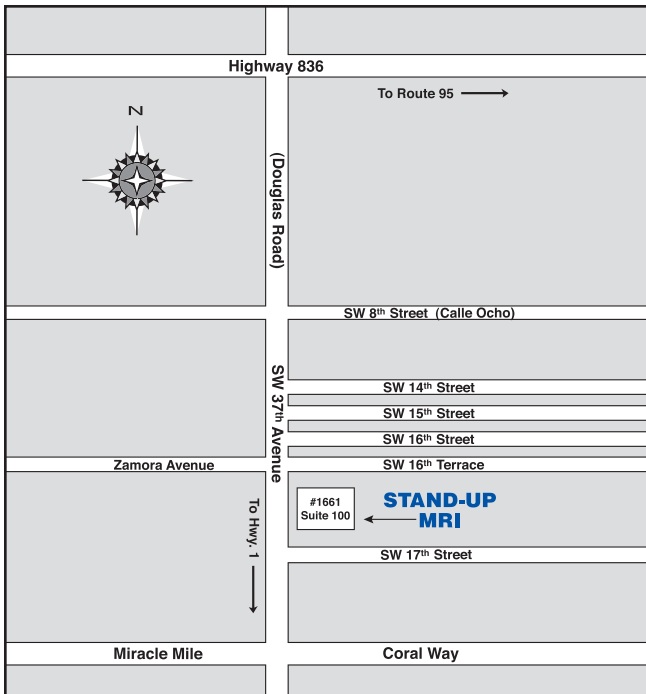
	L	R	w/o	w & w/o
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humerus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finger: _____				
Thumb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Instructions: _____				

Lower Extremities/Joints

	L	R	w/o	w & w/o
Hip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Femur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tib/Fib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forefoot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hindfoot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Instructions: _____				

MRA

	L	R	w/o	w & w/o
Head/COW			<input type="checkbox"/>	<input type="checkbox"/>
Neck/Carotids			<input type="checkbox"/>	<input type="checkbox"/>
Chest/Aorta [3T Only]			<input type="checkbox"/>	<input type="checkbox"/>
Abdomen/Aorta/Renal [3T Only]			<input type="checkbox"/>	<input type="checkbox"/>
Upper Extremity w/Runoff [3T Only]	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Lower Extremity w/Runoff [3T Only]*				<input type="checkbox"/>
*Includes Abdomen and Pelvis				
Special Instructions: _____				



- Open 7 Days a Week
- Spanish-Speaking Staff
- Convenient Patient Scheduling
- Same-Day Scheduling Available
- Same-Day Reads Upon the Referring Doctor's Request
- Board-Certified Radiologists
- ACR-Accredited Facility
- Participation with Most Insurance Companies

DIRECTIONS:

Located on SW 37th Avenue approximately one mile north of Coral Way, between SW 17th Street and SW 16th Terrace.

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:

- For patients who are scheduled for an **MRI scan with contrast:** If you are 60 or older OR diabetic OR have kidney problems, your blood work results must be sent to us in advance. 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.

For additional Stand-Up® MRI locations, please visit www.standupmriofmiami.com.