

Stand-Up MRI of Tallahassee
 2332 Capital Circle NE
 Tallahassee, Florida 32308



STAND-UP MRI OF TALLAHASSEE

MULTI-POSITION™ MRI

PRINTED FROM WEBSITE

Phone: 850.385.6422
 Fax: 850.422.8993
 www.standupmrioftallahassee.com

Doctor: Please check your preference, if any:



STAND-UP® MRI

3.0T WIDE-BORE MRI



To request your appointment online, please visit www.scheduleyourmri.com or scan this QR Code to access our appointment request form. If you prefer to call to book an appointment by phone, please call the office. Thank you.

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 |
| Brain/Attn: IACs | <input type="checkbox"/> 70551 | <input type="checkbox"/> 70553 |
| Brain/Attn: Pituitary | <input type="checkbox"/> 70551 | <input type="checkbox"/> 70553 |
| IACs | <input type="checkbox"/> 70551 | <input type="checkbox"/> 70553 |
| Pituitary | <input type="checkbox"/> 70551 | <input type="checkbox"/> 70553 |
| TMJ <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Bilateral | <input type="checkbox"/> 70336 | |

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"/> L <input type="checkbox"/> R | <input type="checkbox"/> 73218 | <input type="checkbox"/> 73220 |

Special Instructions: _____

SPINE

- | | w/o | w & w/o |
|--|--------------------------------|--------------------------------|
| Cervical <input type="checkbox"/> with Cervical Flexion & Extension on the Stand-Up® MRI | <input type="checkbox"/> 72141 | <input type="checkbox"/> 72156 |
| Thoracic | <input type="checkbox"/> 72146 | <input type="checkbox"/> 72157 |
| Lumbar <input type="checkbox"/> with Lumbar Flexion & Extension on the Stand-Up® MRI | <input type="checkbox"/> 72148 | <input type="checkbox"/> 72158 |
| 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 [3T Only] | <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 |
| Brachial Plexus | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> 73218 | <input type="checkbox"/> 73220 |

Special Instructions: _____

Lower Extremities/Joints

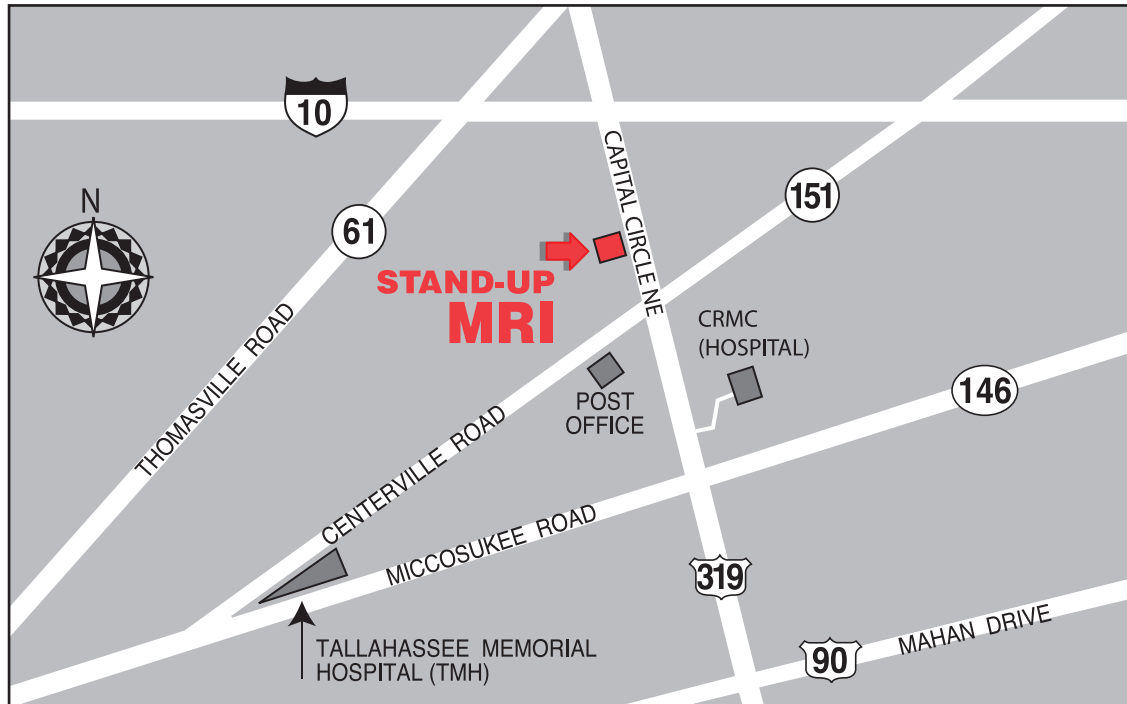
- | | | w/o | w & w/o |
|----------|---|--------------------------------|--------------------------------|
| Hip | <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> 73721 | <input type="checkbox"/> 73723 |
| Femur | <input type="checkbox"/> L <input type="checkbox"/> R | <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 [3T Only] | | <input type="checkbox"/> 71555 |
| Abdomen/Aorta/Renal [3T 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



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.

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

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, please be advised that blood work must be done no earlier than six (6) weeks prior to your scheduled exam.
- 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.

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
- can degrade the quality of the MRI pictures, requiring you 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.