



CAPITAL REGION UPRIGHT MRI

MULTI-POSITION™ MRI

Crossroads Center Plaza
4 Johnson Road, Latham, NY 12110
t.: 518.220.2080 • f.: 518.220.2081
www.capitalregionuprightmri.com

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.

Directions to MRI Center on Back

Note: For insurance authorization purposes, please refer to us as:
"Comprehensive MRI of New York, P.C."

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)



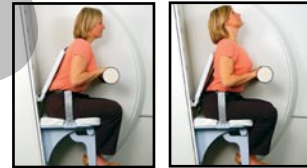
- Flexion
- Extension
- Recumbent (for comparison)
- Other _____

LUMBAR

w/o 72148 w & w/o 72158



Add-On Positions (Optional)



- Flexion
- Extension
- Recumbent (for comparison)
- Other _____

Special Instructions: _____

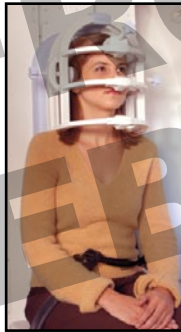
THORACIC



w/o 72146 w & w/o 72157

Add-On Position (Optional)

- Recumbent (for comparison)



HEAD

Routine Brain 70551 70553
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

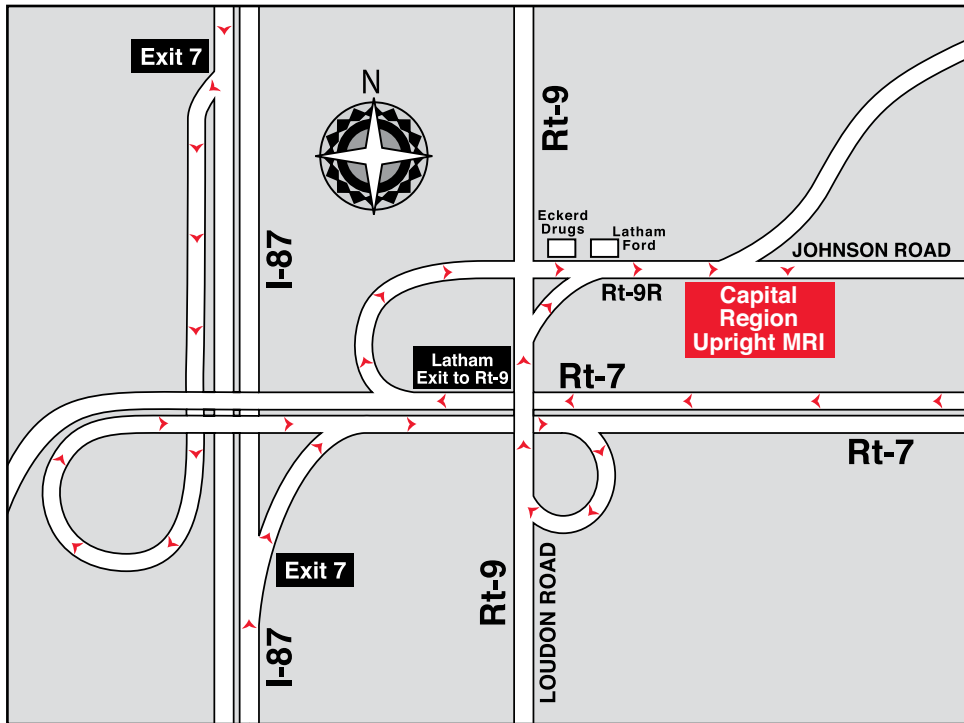
VERY IMPORTANT: If you have a pacemaker OR ever had metal in your eye or somewhere else in your body OR you wear a medication patch OR you might be pregnant, you must notify us before you come for your appointment.

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.



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DIRECTIONS

From the North or South:

From I-87, take Exit 7 to Rt. 7 East. Take the next exit – Rt. 9/Cohoes. At the end of the ramp bear right towards Rt. 9N. Continue in the right lane to the next intersection, the junction of Rt. 9 and Rt. 9R [There is an Eckerd Drug Store at the intersection]. Turn right onto Rt. 9R. Where the road divides, bear right onto Johnson Road. Turn right into Crossroads Center Plaza. Capital Region Upright MRI is located next to the Eye Surgery Center.

From the NYS THRUWAY:

Take Exit 24 to 87N/Northway, then follow the above directions above.

From Troy:

Take Rt. 7 West to the Latham exit. When you come to the junction of Rt. 9 and Rt. 9R, continue through the intersection. Where the road divides, bear right onto Johnson Road. Turn right into Crossroads Center Plaza. Capital Region Stand-Up MRI is located next to the Eye Surgery Center.

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 inside your body

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
- Cash, credit/debit card, or check for payment of copays and co-insurance.
- 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.

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:

- 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.
- 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.