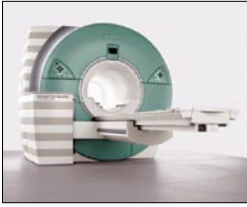


# COMPREHENSIVE MRI OF WHITE PLAINS



(Comprehensive MRI of New York, P.C.)  
 Westchester Medical Pavilion  
 311 North Street, Suite G10  
 White Plains, NY 10605  
 Phone: 914.946.9400 • Fax: 914.946.1938  
 www.comprehensivemriofwhiteplains.com  
 NPI: 1043742927

## 1.5T MRI

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.

A Note to Patients/Doctors Regarding MRI Contrast Studies:  
 Blood work (in particular, the estimated eGFR) is needed for patients who are 60 years old 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 must be sent to us prior to the appointment.

Patient's Name: \_\_\_\_\_ Patient's Phone: (\_\_\_\_) \_\_\_\_\_

First MI Last

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

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

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

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

Doctor's Address: \_\_\_\_\_ Doctor's Phone: (\_\_\_\_) \_\_\_\_\_ Doctor's Fax: (\_\_\_\_) \_\_\_\_\_

**SAFETY QUESTIONS:** Are you or do you think you might be pregnant?  No  Yes

Do you have a cardiac pacemaker, intracranial aneurysm clip, defibrillator, cochlear implant, stimulator, or other implanted device?  No  Yes

Do you have any metal objects or particles in your body, such as metal in your eye?  No  Yes. If yes, where? \_\_\_\_\_

Do you wear a medical patch?  No  Yes

HEAD	w/o	w & w/o
Routine Brain (including Brain Stem)	<input type="checkbox"/> 70551	<input type="checkbox"/> 70553
Pituitary	<input type="checkbox"/> 70551	<input type="checkbox"/> 70553
IAC's	<input type="checkbox"/> 70551	<input type="checkbox"/> 70553
TMJ	<input type="checkbox"/> 70336	<input type="checkbox"/> 70336
Other: _____		

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 (Unilateral)	<input type="checkbox"/> 73218	<input type="checkbox"/> 73220
Brachial Plexus (Bilateral)	<input type="checkbox"/> 71550	<input type="checkbox"/> 71552
Other: _____		

SPINE	w/o	w & w/o
Cervical	<input type="checkbox"/> 72141	<input type="checkbox"/> 72156
Thoracic	<input type="checkbox"/> 72146	<input type="checkbox"/> 72157
Lumbar	<input type="checkbox"/> 72148	<input type="checkbox"/> 72158
Sacrum/Coccyx	<input type="checkbox"/> 72195	<input type="checkbox"/> 72197
Other: _____		

BODY	w/o	w & w/o
Chest	<input type="checkbox"/> 71550	<input type="checkbox"/> 71552
Pelvis	<input type="checkbox"/> 72195	<input type="checkbox"/> 72197
Abdomen	<input type="checkbox"/> 72181	<input type="checkbox"/> 74183
<input type="checkbox"/> Liver (Dynamic Contrast-Enhanced) 74182		
Other: _____		

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 # _____	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73218	<input type="checkbox"/> 73220
Thumb	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73218	<input type="checkbox"/> 73220
Other: _____			

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
Foot	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73718	<input type="checkbox"/> 73720
Toe # _____	<input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> 73718	<input type="checkbox"/> 73720
Other: _____			

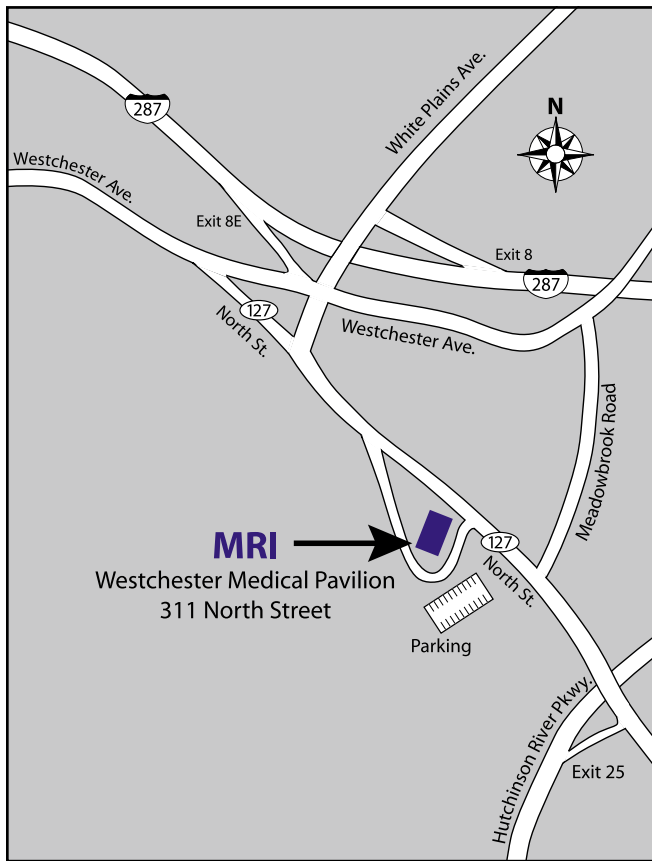
MRA	w/o	w & w/o
Head/COW	<input type="checkbox"/> 70544	<input type="checkbox"/> 70546
Neck/Carotids	<input type="checkbox"/> 70547	<input type="checkbox"/> 70549
Other: _____		

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

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

# COMPREHENSIVE MRI OF WHITE PLAINS

(Comprehensive MRI of New York, P.C.)



The MRI facility is in the Westchester Medical Pavilion, Suite G10.

There is free parking across the street or, if you prefer, valet parking at the main entrance.

## 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
- Written Authorization, if you have one
- 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.

## Westchester Medical Pavilion

311 North Street, Suite G10, White Plains, NY 10605

Phone: 914.946.9400 • Fax: 914.946.1938

[www.comprehensivemriofwhiteplains.com](http://www.comprehensivemriofwhiteplains.com)

## Directions

- **From Manhattan (West Side)** Take Henry Hudson Parkway North to Saw Mill River Parkway North. From Saw Mill River Parkway take exit 20 to I-287/Tappan Zee Bridge. Take Exit 8 to merge onto I-287 East toward White Plains. Take I-287 to exit 8E for Westchester Avenue. Keep right and continue to light at intersection of White Plains Avenue. Turn right onto White Plains Avenue which merges onto North Street. Continue on North Street and turn right at entrance for 311 North Street.
- **From Manhattan (East Side)** Take Major Deegan North to New York State Thruway (I-87). Take Exit 8 to I-287 East toward White Plains. Take I-287 to exit 8E for Westchester Avenue. Keep right and continue to light at intersection of White Plains Road. Turn right onto White Plains Avenue which merges onto North Street. Continue on North Street and turn right at entrance for 311 North Street.
- **From Long Island** Take the Whitestone Bridge to the Hutchinson River Parkway. Take the Hutchinson River Parkway to Exit 25 "North Street", at the top of the ramp, turn left at the light onto North St. Travel to the 6th traffic light, and turn left into the entrance at 311 North St.
- **From Upstate New York, Rockland County and New Jersey** Take the New York State Thruway (I-87) across the Tappan Zee Bridge. Go one mile to Exit 8 onto I-287 East. Take I-287 to exit 8E for Westchester Avenue. Keep right and continue to light at intersection of White Plains Avenue. Turn right onto White Plains Avenue which merges onto North Street. Continue on North Street and turn right at entrance for 311 North Street.
- **From New England** Take the I-95 or Merritt Parkway South to I-287 West. From I-287 take exit 8 to White Plains. Follow Route 119 (Westchester Avenue) toward White Plains. Turn left at White Plains Avenue. Continue on White Plains Avenue which merges onto North Street. Continue on North Street and turn right at entrance for 311 North Street.
- **From Northern Westchester** Take I-684 South to I-287 West. From I-287 take exit 8 to White Plains. Follow Route 119 (Westchester Avenue) toward White Plains. Continue on White Plains Avenue which merges onto North Street. Continue on North Street and turn right at entrance for 311 North Street.

## 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.