



# AMERICAN UPRIGHT MRI

SHOP # 1, RDK-1, ADJACENT DIP HQ BUILDING, DIP-1, DUBAI, UNITED ARAB EMIRATES.

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Your Appointment: Date \_\_\_/\_\_\_/\_\_\_ Time \_\_\_ am \_\_\_ pm

- **Please Bring: Doctor's Prescription, Insurance Card/Info and Photo ID**
- A Note to Patients/Doctors Regarding MRI Studies with Contrast: If the patient is over 60 years old OR diabetic OR has kidney problems, the patient's blood work results (in particular, the estimated eGFR) must be sent to us prior to the scheduled appointment.
- If you must change your appointment, please give at least 24 hours' notice. Thank you for your cooperation.

Note: For insurance authorization purposes, please refer to us as: "Comprehensive MRI"

Patient's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Referral: \_\_\_/\_\_\_/\_\_\_  
First MI Last

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

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

Doctor's Name: \_\_\_\_\_ Doctor's Signature \_\_\_\_\_

Address: \_\_\_\_\_ Rule Out: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Insurance No: \_\_\_\_\_

Give  Films  CD to my patient / Send  Films  CD to my office

(Note: Cutaway views are provided below to show patient positioning.)

## CERVICAL

w/o  72141 w & w/o  72156



### Add-On Positions (Optional)



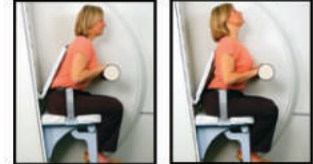
- Flexion  Extension  
 Recumbent (for comparison)  
 Other \_\_\_\_\_

## LUMBAR

w/o  72148 w & w/o  72158



### Add-On Positions (Optional)



- Flexion  Extension  
 Recumbent (for comparison)  
 Other \_\_\_\_\_

## THORACIC



w/o  72146 w & w/o  72157

### Add-On Position (Optional)

- Recumbent (for comparison)

## HEAD



- Routine Brain  
 TMJ  
 Sinuses  
 IAC's  
 Orbits  
 Pituitary

w/o  70551  70336  70540  
w & w/o  70553  70543  70553

**MRA**  Circle of Willis w/o 70554 /  Carotid Arteries w/o 70547

Special Instructions: \_\_\_\_\_

## UPPER EXTREMITIES



- |                                   |                            |                            |                                    |
|-----------------------------------|----------------------------|----------------------------|------------------------------------|
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> L | <input type="checkbox"/> R | w/o <input type="checkbox"/> 73221 |
| <input type="checkbox"/> Elbow    | <input type="checkbox"/> L | <input type="checkbox"/> R | <input type="checkbox"/> 73221     |
| <input type="checkbox"/> Wrist    | <input type="checkbox"/> L | <input type="checkbox"/> R | <input type="checkbox"/> 73221     |
| <input type="checkbox"/> Hand     | <input type="checkbox"/> L | <input type="checkbox"/> R | <input type="checkbox"/> 73218     |
| <input type="checkbox"/> Forearm  | <input type="checkbox"/> L | <input type="checkbox"/> R | <input type="checkbox"/> 73218     |
| <input type="checkbox"/> Humerus  | <input type="checkbox"/> L | <input type="checkbox"/> R | <input type="checkbox"/> 73218     |

Special Instructions: \_\_\_\_\_

## BODY



- |                                  |                                    |                                        |
|----------------------------------|------------------------------------|----------------------------------------|
| <input type="checkbox"/> Abdomen | w/o <input type="checkbox"/> 74181 | w & w/o <input type="checkbox"/> 74183 |
| <input type="checkbox"/> Pelvis  | <input type="checkbox"/> 72195     | <input type="checkbox"/> 72197         |

Other: \_\_\_\_\_

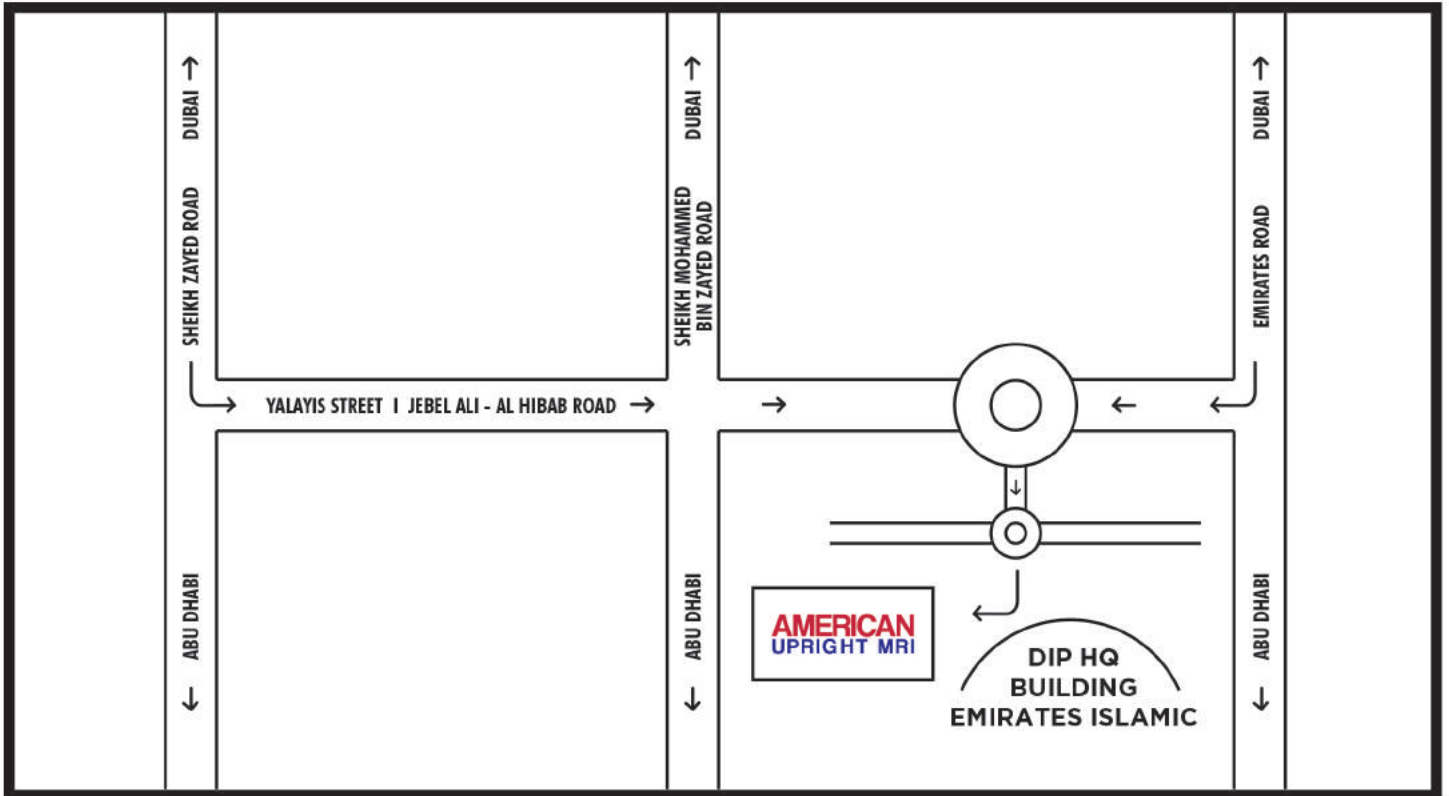
## LOWER EXTREMITIES



- |                                  |                            |                            |                                    |
|----------------------------------|----------------------------|----------------------------|------------------------------------|
| <input type="checkbox"/> Hip     | <input type="checkbox"/> L | <input type="checkbox"/> R | w/o <input type="checkbox"/> 73721 |
| <input type="checkbox"/> Knee    | <input type="checkbox"/> L | <input type="checkbox"/> R | <input type="checkbox"/> 73721     |
| <input type="checkbox"/> Ankle   | <input type="checkbox"/> L | <input type="checkbox"/> R | <input type="checkbox"/> 73721     |
| <input type="checkbox"/> Foot    | <input type="checkbox"/> L | <input type="checkbox"/> R | <input type="checkbox"/> 73718     |
| <input type="checkbox"/> Tib/Fib | <input type="checkbox"/> L | <input type="checkbox"/> R | <input type="checkbox"/> 73718     |
| <input type="checkbox"/> Femur   | <input type="checkbox"/> L | <input type="checkbox"/> R | <input type="checkbox"/> 73718     |

Special Instructions: \_\_\_\_\_

**VERY IMPORTANT: If you have a pacemaker or any metal object in your body, or if you wear a medication patch, or if you might be pregnant, please notify us before you come for your appointment.**



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**to download  
prescription pad visit  
[www.aumri.ae](http://www.aumri.ae)**

### SAFETY PRECAUTIONS:

- If you have a cardiac pacemaker, you cannot have an MRI exam.
- If you are pregnant or think you might be pregnant, you cannot have an MRI exam.
- Call ahead if you ever had heart surgery, surgery of the heart's valves, or brain surgery.
- Call ahead if you might have a metal particle(s) in your eye(s) or if you ever had a metal particle(s) removed from your eye(s).
- 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 the radiologist, copies of the films as well.

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

(The MRI machine could damage them.)

- Hearing Aids
- Watches
- Credit Cards
- Bank Cards
- Cell Phones
- Pagers

### PREPARATION for your MRI 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.

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