PINNACLE
UPRIGHT MRI

❑ 3883 Route 31
Liverpool, NY 13090
T: 315.303.0088
F: 315.303.0079

❑ Crossroads Center Plaza
4 Johnson Road
Latham, NY 12110
T: 518.220.2080
F: 518.362.7411

❑ 601 E. Church Street
Elmira, NY 14901
T: 607.481.2500
F: 607.481.2501

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.

Note: For insurance authorization purposes, please refer to us as:
St. Lawrence Radiology Assoc. P.C.
MEDICARE ID: 53459A NPI:1154380863 EIN:16-1416796

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

	w/o	w & w/o
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

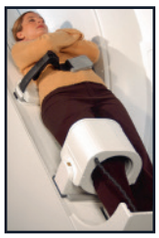
MRA ❑ Circle of Willis w/o 70544 / ❑ Carotid Arteries w/o 70547

Other / Special Instructions: _____

UPPER EXTREMITIES / JOINTS

			w/o	w & w/o
❑ Shoulder	❑ L	❑ R	❑ 73221	❑ 73223
❑ Humerus	❑ L	❑ R	❑ 73218	❑ 73220
❑ Elbow	❑ L	❑ R	❑ 73221	❑ 73223
❑ Forearm	❑ L	❑ R	❑ 73218	❑ 73220
❑ Wrist	❑ L	❑ R	❑ 73221	❑ 73223
❑ Hand	❑ L	❑ R	❑ 73218	❑ 73220

Other / Special Instructions:_____



LOWER EXTREMITIES / JOINTS

			w/o	w & w/o
❑ Hip	❑ L	❑ R	❑ 73721	❑ 73723
❑ Femur	❑ L	❑ R	❑ 73718	❑ 73720
❑ Knee	❑ L	❑ R	❑ 73721	❑ 73723
❑ Tib/Fib	❑ L	❑ R	❑ 73718	❑ 73720
❑ Ankle	❑ L	❑ R	❑ 73721	❑ 73723
❑ Foot	❑ L	❑ R	❑ 73718	❑ 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.