Southern Tier Imaging
A DIVISION OF PARK AVENUE ASSOCIATES IN RADIOLOGY, P.C.

THE REGION'S PREMIER PROVIDER OF HIGHFIELD & OPEN MRI SERVICES

REQUISITION AND APPOINTMENT FORM

32/36 HARRISON ST.
JOHNSON CITY, N.Y. 13790
607-729-1999
FAX 607-729-0031

www.stmri.com

Direct Scheduling Line 607-231-0071

Patient Name _____ Date of Birth _____

Appointment Date and Time _____ Patient Weight _____

Insurance Information/Authorization # Home Telephone _____

_____ Work Telephone _____

Cell Telephone _____

Examination Requested _____

Diagnosis Code & Rule Out _____

_____

Is there a History of the following:

1. Cardiac Pacemaker YES or NO
2. Intracranial Aneurysm Clip YES or NO
3. Has there EVER been any metal in the patient's eyes? YES or NO
4. Has patient had ANY prior studies pertaining to scan being done? YES or NO

   Please make arrangements for patient to bring study with them.

You must bring this requisition and all pertinent x-rays, CT scans or diagnostic studies with you at the time of your appointment. - Delays may occur if this information is not available.

NOTE: Nurse will be contacting you for pertinent medical information.

NOTE: If there are any questions about metal prosthetic devices, surgical clips, or retained metal objects, please contact us at 729-1999.

If you cannot keep your appointment, please contact us immediately at 607-231-0071

DRS Name _____

Address _____

Phone _____

PHYSICIAN'S SIGNATURE: _____