

PATIENT REGISTRATION/DEMOGRAPHIC INFORMATION

Patient Name: _____ Date: _____
Address: _____ Home Phone #: (____) _____
City: _____ State: _____ Zip: _____ Date of Birth: _____ Age _____
Social Security #: _____ Marital Status: S M W D
Employer: _____ Work Phone #: (____) _____
Email Address: _____
Primary Care Physician: _____
Referring Dr. : _____ Phone #: (____) _____

PRIMARY INSURANCE

Ins. Company: _____ Group #: _____ I.D. #: _____
Mailing Address: _____
Telephone #: (____) _____ Effective Date: _____
Name of Cardholder: _____ Date of Birth: _____
Social Security #: _____
Employer: _____ Relationship to Insured: _____

SECONDARY INSURANCE

Ins. Company: _____ Group #: _____ I.D. #: _____
Mailing Address: _____
Telephone #: (____) _____ Effective Date: _____
Name of Cardholder: _____ Date of Birth: _____
Social Security #: _____
Employer: _____ Relationship to Insured: _____

EMERGENCY INFORMATION

Name: _____ Home Phone #: (____) _____
Relationship: _____ Work Phone #: (____) _____
Non-Family Member Contact: _____
Signature: _____ Date: _____

Failure to fill out this form in its entirety may result in you being responsible for 100% of the bill.

Attention

The following questions need to be answered fully and completely to insure your safety while being scanned. Please read and answer each question giving clear, truthful, and concise answers. Your safety is of the utmost importance to us. Should you need a private area in which to discuss your answers with the technician or staff, one will be made available to you.

My signature on the following form signifies that I have read, and given complete answers to the list of safety questions posed to me at the time of my visit to UpRight MRI of Deerfield, LLC. I further understand that giving untrue information may put me and those accompanying me at risk. I have been given the opportunity to discuss my answers with the technicians and staff, and any concerns I may have regarding my scan.

Your cooperation is greatly appreciated. Please circle your answers below.

- | | | |
|-----|----|---|
| Yes | No | Have you ever had any type of surgery? Describe: _____ |
| Yes | No | Cardiac Pacemaker |
| Yes | No | Implanted cardiac defibrillator |
| Yes | No | Aneurysm clips (any head surgery) |
| Yes | No | Any back or neck surgery |
| Yes | No | Any type of ear implant, cochlear implant |
| Yes | No | Implanted Insulin Pump |
| Yes | No | Any type of electronic, mechanical, or magnetic implant |
| Yes | No | Any type of Coronary intravascular coil, filter or stent |
| | | Type and date placed: _____ |
| Yes | No | Have you ever worked grinding or welding metal or Orbit X-Ray? |
| Yes | No | Any type of foreign metal body (Bullet, Shrapnel) |
| Yes | No | A Heart Valve prosthesis or Heart surgery? Type: _____ |
| Yes | No | Any Tattoos, Body Art, or Piercing |
| Yes | No | Any Orthopedic implants, pins, screws, nails, or plates |
| Yes | No | Any other implanted items or cosmetic surgery (Dental, Penile, Breasts) |
| Yes | No | History of cancer. Site: _____ |
| Yes | No | Are you claustrophobic? |
| Yes | No | History of renal failure, kidney disease, dysfunction or dialysis |

Please alert the staff of any kidney/renal issues before testing

Females Only:

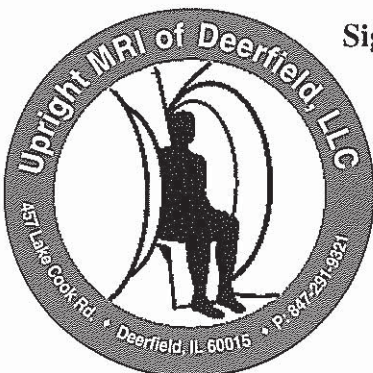
- | | | |
|-----|----|---|
| Yes | No | IUD Intra uterine device |
| Yes | No | Are you pregnant or suspect that you may be pregnant? |
| | | Date of last menstrual cycle: _____ |

Signature: _____ Date: _____

Witness: _____

UPRIGHT MRI of Deerfield, LLC

Division of: Stand UP™ MRI of Deerfield, LLC



Ph: 847-291-9321 • Fax: 847-291-9362 • 866 MRI-UPRIGHT

INSURANCE AUTHORIZATION FOR ASSIGNMENT OF BENEFITS

I hereby and request any insurance benefits due to be paid directly to Upright MRI of Deerfield, LLC for services rendered and I acknowledge that I am financially responsible for the unpaid balance. I further authorize Upright MRI of Deerfield, LLC to release any information acquired in the course of my examination for further medical purposes. I authorize any holder of medical information about me to release to the Health Care Administrator and its agents any information to determine these benefits payable for related services.

The following signature authorizes and releases information, and acknowledges that a xerox copy of this authorization will be as valid as the original.

Signature of Insured: _____ Date: _____
(Parent, Guardian, or Insured)

HIPPA

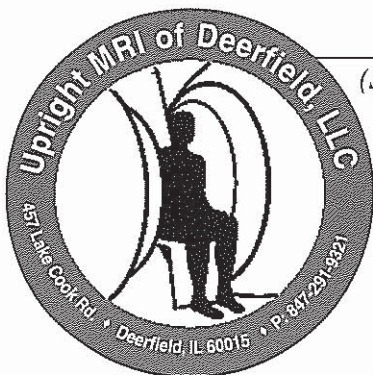
CONSENT TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION FOR THE SOLE PURPOSE OF TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

As a patient of Upright MRI of Deerfield, LLC, I give consent for any medical information about me (protected health information) to be used and disclosed for purposes of treatment, payment and healthcare operations. I further understand that the regulations allow Upright MRI of Deerfield, LLC, and the use of and to disclose my medical information for these purposes, and that my consent is required. Upright MRI of Deerfield, LLC is obtaining my consent with this signature below to provide additional assurances regarding the privacy of my protected health information.

I understand that I have the right to make a request to revoke this consent and instead request a restriction on the use of my medical information at any time. I further understand that Upright MRI of Deerfield, LLC, may choose not to agree to the request for the restriction on the uses or disclosures of my medical information for purposes of treatment, payment, or healthcare operations.

To make a request to revoke my consent, I must complete a "Request to Restrict Uses and Disclosures of Protected Health Information" form and return it to our Privacy Officer. I may also obtain a copy of the form from the Privacy Officer at Upright MRI of Deerfield, LLC at 457 Lake Cook Rd, Deerfield, Illinois 60015.

(Signature of Patient or Personal Representative) Date: _____



UPRIGHT MRI of Deerfield, LLC

Division of: Stand UP™ MRI of Deerfield, LLC

Ph: 847-291-9321 • Fax: 847-291-9362 • 866 MRI-UPRIGHT



Upright MRI of Deerfield, LLC

457 Lake Cook Rd. • Deerfield, IL 60015 • P: 847-291-9321 • Fax: 847-291-9362

APPOINTMENT	
DATE:	
TIME:	
If you must reschedule or cancel your appointment, please give at least 24 hours notice.	

Patient's Name _____ Height _____ Weight _____ DOB _____
 Patient's Address _____ Home # _____ Cell# _____ Work # _____
 Clinical Info & Complete list of symptoms _____

Auto Accident Workers Comp. Personal Injury **PATIENT MUST BRING Valid Photo ID, Insurance/Claim Info.** **CD Requested?** Yes No
Contrast Media Requested Without Only With Only Without and With **Films Requested?** Yes No

MRI EXAMS: Complete each exam in position(s) of symptoms/pain & relief/neutral/range of motion

Brain
 Routine
 TMJ L R
 Posteria Fossa
 Sinuses
 IAC's/Mastoids
 Pituitary
 Orbits

MRA
 Circle of Willis
 Carotid Arteries

Lower Joints
 Hip L R
 Knee L R
 Ankle L R
 Upper Leg L R
 Lower Leg L R
 Foot L R
 Toes L R

Spine
 Standing L R
 Internal Rotation
 Thoracic
 External Rotation
Other
 Chest
 Abdomen
 Pelvis
 Prostate
 Neck/ Brachial Plexus
 Standing L R
 Breast L R
 Shoulder L R
 Shoulder w/Internal & External Rotation
 Elbow L R
 Wrist L R
 Upper Arm L R
 Lower Arm L R
 Hand/Finger L R
 Other: _____

Perform Recumbent Scan for Comparison? Yes No
 Which radiologist would you prefer? (Medicare patients will always be read by the MD) MD DC DPM

Special Instructions or Comments: _____
 Physician's Name: _____ Phone: _____ Fax: _____ Physician's Signature: _____

CERVICAL

Cervical Includes Flexion & Extension Upright Imaging
 Left & Right Lateral Bending
 Cervical Includes Flexion & Extension Upright Imaging
 Perform Recumbent Scan for Comparison? Yes No

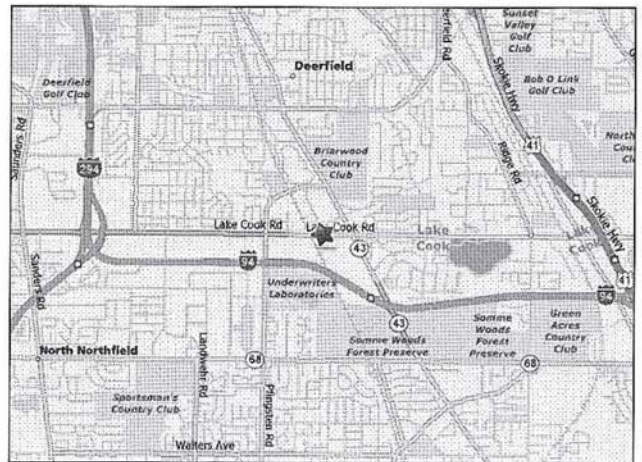
LUMBOSACRAL

Lumbar Includes Flexion & Extension Upright Imaging
 Left & Right Lateral Bending
 Lumbar Includes Flexion & Extension Upright Imaging
See Back For MRI Precautions

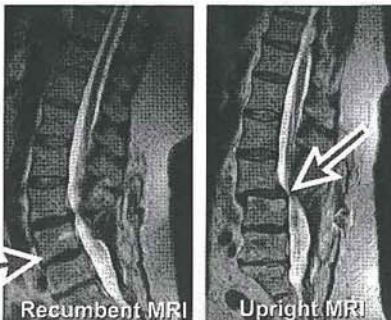
www.uprightmrideerfield.com

MRI Exams can NOT be conducted on patients with: Pacemaker, Implanted Defibrillators, Cerebral Aneurysm Clips, Heart Valves, Neurostimulators, or Cochlear Implants. Inform the Technologist of any Metal in your body, including your Eyes. MRI Patients should leave all metal objects (watches, jewelry, hair pins) at home. No metallic makeup. Please wear warm-ups or clothes without zippers or snaps (no metal).

457 Lake Cook Plaza Lake Cook Road, Deerfield, Illinois 60015



THE PROOF IS IN THE PICTURE



Some problems are detectable only when the patient is in an upright position. These are lumbar spine images of a patient who had undergone back surgery but was continuing to experience pain. The image on the left was acquired with the patient lying down (recumbent). It shows a normal alignment of the vertebrae. However, when the patient was scanned in an upright position (right image), a dramatic spinal instability was clearly revealed. This problem was visible only when the patient was scanned upright and would have gone undiagnosed on a conventional, lie-down MRI scanner.

Case Study: Postoperative Hypermobile Instability
 The recumbent scan for this patient with recurrent back pain and polyradiculopathy following L4-S1 laminectomy and fusion is shown on the left. The upright scan (right) shows postoperative intersegmental hypermobile instability associated with mobile fluctuating stenosis of the central spinal canal at the level above spinal fusion.

Upright MRI of Deerfield, LLC is located in the Lake Cook Plaza

We are located in the Lake Cook Plaza, which is on the south side of Lake-Cook Road between Waukegan Road and Pflugsten Road. We are in the same plaza as the Secretary of State's office.

Continue on I-94 West bound toward Milwaukee (the Edens Expressway). When I-94 and Route 41 split (just after the Dundee Road exit), continue on Route 41 North. Exit at Lake-Cook Road and turn left. Follow Lake-Cook Road until you cross Waukegan Road. Turn left at the next light into Lake Cook Plaza.

I-294 From the South/ Chicago
 Take I-294 N toward Milwaukee. Exit at Lake Cook Road. Make a right or head East. We are the 2nd stop light past Pflugsten Road on the south side, after Home Depot and the Viaduct. Turn right at the light for the Lake Cook Plaza.

I-294 From the North/Gurnee
 Take I-294 S to Lake Cook Road Exit. Exit and take a Left or head East on Lake Cook Road, past Home Depot and under the viaduct. Turn right at the light for the Lake Cook Plaza.