

# HALLMARK STAND-UP™ MRI

4130 Hallmark Parkway, Suite B • San Bernardino CA 92407  
 Tel: (909) 473-1944 • Toll Free: (866) 268-6999 • Fax: (909) 473-1130

Patient: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Insurance: \_\_\_\_\_

Diagnosis/Chief Complaint: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Policy/Claim No: \_\_\_\_\_

Insurance Phone: \_\_\_\_\_

Adjuster: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

1

## SPINE

- Cervical  
 Thoracic       Lumbar

## UPPER EXTREMITIES

- Shoulder       L       R  
 Elbow           L       R  
 Wrist           L       R  
 Hand           L       R

## LOWER EXTREMITIES

- Hip             L       R  
 Ankle         L       R  
 Knee          L       R  
 Foot          L       R

## BODY

- Neck               Abdomen  
 Chest              Pelvis

## HEAD

- Brain               Posterior Fossa  
 Sinuses            IACs  
 Pituitary          Orbits

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

ANATOMY

STUDY 2

- COMPLETE  
 MULTI-POSITIONAL STUDY  
 (INCLUDES WEIGHT BEARING NEUTRAL  
 UPRIGHT, FLEXION AND EXTENSION)
- SINGLE POSITIONAL STUDY  
 (NEUTRAL UPRIGHT WEIGHT BEARING STUDY)
- Flexion               Extension  
 Right/Left Lateral Bends
- RECUMBENT STUDY

OPTIONS 3

- CONTRAST  
 (WITH AND WITHOUT)
- ARTHROGRAM  
 (SPECIFIC LOCATIONS)
- FILMS    CD    REPORT ONLY  
 (VIA FAX)
- SPECIAL INSTRUCTIONS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ (REQUIRED)

Physician's Phone: \_\_\_\_\_

Date: \_\_\_\_\_

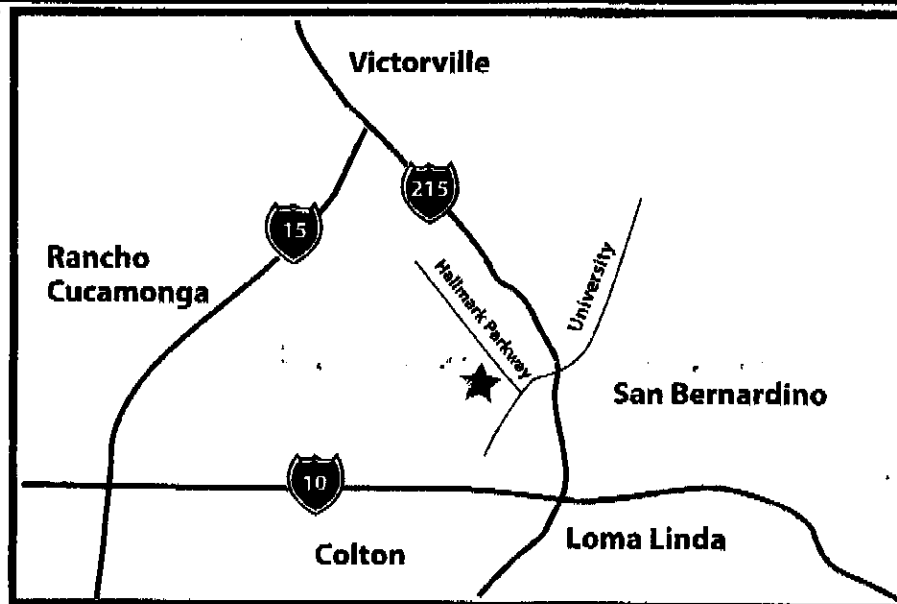
# HALLMARK STAND-UP™ MRI

4130 Hallmark Parkway, Suite B • San Bernardino CA 92407  
(909) 473-1944 • Toll Free (866) 268-6999 • Fax (909) 473-1130

To schedule an appointment or learn more about the revolutionary Fonar Stand-Up™ MRI, we invite you to call us.

## *Fast and Easy Scheduling*

1. Fill in the top portion of the referral including name, date of birth and phone number
2. Check off all appropriate fields for the exam(s) you are requesting, i.e. MRI Lumbar Spine/Cervical Spine Neutral.
3. Referring physician must sign and date at the bottom of the script. Please be sure to include the referring office phone number.
4. Attach a recent PR2. Please make sure that the PR2 specifies the exam(s) that is being ordered in the treatment plan. (i.e. Upright Weight Bearing MRI of Cervical Spine/Lumbar Spine with Flexion & Extension, and Lt and Rt Lateral Bends.
5. Please make sure to send all the relevant paperwork as well as the PR2 & patient demographic information to include employee insurance and attorney.
6. Fax the information to us at 909.473.1130.



### **Directions By Car**

*From Riverside, take the CA-91 East. Stay straight to go onto I-215 North. Take the University Parkway Exit. Turn left onto University Parkway. Then turn right onto Hallmark Parkway. Our facility is located in Hallmark Medical Plaza which will be on your left.*

*From Victorville/Apple Valley: Take I-1 South I-215 South. Take the University Parkway Exit. Turn right onto University Parkway. Then turn right onto the Hallmark Parkway. The facility is located in Hallmark Medical Plaza which will be on your left.*