

Midtown MRI

316 East 30th Street • New York, NY 10016
(Off Second Avenue)

Tel: 212-447-9800 • Fax: 646-224-8539



Open MRI • 1.5 Short Bore MRI • CT

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SE HABLA ESPAÑOL

我們講中文

Patient's Name _____ Date _____
 Referring Physician _____ Pre-Cert # _____
 History/Diagnosis _____

MRI Information: MRI is contraindicated in patients with Pacemakers, Ear Implants, and Cerebral Aneurysm Clips. Please call for more information.
 MRI and CT Contrast Study Information: BUN _____ / CREAT _____

MRI	Extremities	MR Angiography	CT SCAN
w/contrast <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Brain <input type="checkbox"/> Pituitary <input type="checkbox"/> IACs <input type="checkbox"/> Orbits <input type="checkbox"/> Sinuses <input type="checkbox"/> TMJ <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Other _____	Rt Lt <input type="checkbox"/> Shoulder <input type="checkbox"/> MR Arthrogram <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Other _____	<input type="checkbox"/> Intracranial <input type="checkbox"/> Carotid <input type="checkbox"/> Thoracic <input type="checkbox"/> Abdominal <input type="checkbox"/> Renal <input type="checkbox"/> Abdominal/Bifemoral Runoff <input type="checkbox"/> Arch/Carotid-Vertebral/Cerebral CT Angiography <input type="checkbox"/> Carotid Arteries <input type="checkbox"/> Intracranial Vessels (Head) <input type="checkbox"/> Thoracic Aorta <input type="checkbox"/> Pulmonary Artery <input type="checkbox"/> Renal Arteries <input type="checkbox"/> Abdominal Aorta <input type="checkbox"/> Abdominal/Bifemoral Runoff	w/contrast <input type="checkbox"/> Brain <input type="checkbox"/> Pituitary <input type="checkbox"/> Orbits <input type="checkbox"/> Temporal Bones <input type="checkbox"/> Sinuses <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen/Pelvis <input type="checkbox"/> Pelvis <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Other _____

PREPARATION FOR DIAGNOSTIC PROCEDURES:

If you are a diabetic or pregnant, please notify our staff prior to exam.

If you have Asthma or Allergies, please premedicate.

Magnetic Resonance Imaging (MRI): Metallic objects cannot be inside the scan room. Wear comfortable clothing that does not contain metal fasteners. Do not wear eye makeup or use hairstyling products on the day of exam as many contain metallic powder and leave all jewelry home. Please advise the office if you have a pacemaker, have had heart surgery, or if you may be pregnant.

CT Angiography: Do not eat or drink 4 hours before the exam.

CT of Abdomen/Pelvis (except for Kidney Stone):

Do not eat or drink 8 hours before the exam. Oral contrast is required for this exam. You may either come in the office 2 hours prior to exam to drink the barium or pick up the barium the day before, start drinking it at home 2 hours prior to exam and come in just 30 minutes before the exam for the final cup of barium.

CT with Contrast Injection: Do not eat or drink 8 hours before the exam.

DIRECTIONS TO MIDTOWN MRI

BUS FROM:

DOWNTOWN: M101, M102, M103, take to 30th Street and Third Avenue.

UPTOWN: M15 take to 30th Street and Second Avenue.

CROSSTOWN: M16 take to 30th Street and Second Avenue.

FROM PENN STATION take the M16 to 30th Street and Second Avenue.

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SUBWAY:

#6 train to 28th Street and Park Avenue South.