

MRI WRITTEN NOTICE

Today's Date: _____

Patient's Name: _____

D.O.B: _____

We appreciate the opportunity to provide you with a wide variety of medical treatment and care. This includes offering state of the art **Magnetic Resonance Imaging (MRI)** at our own Neuroscience and Spine Associates, P.L. (NASA) MRI Center. The NASA MRI Center is owned by the physician owners/members of Neuroscience and Spine Associates, P.L. By using our own facility, we can quickly and easily schedule your appointment. More importantly, we can rely on the quality of the work performed.

New Federal Legislation (Section 6003 of the Patient Protection and Affordable Care Act), requires us to provide you with options to get the MRI ordered by your NASA doctor. Other local facilities that can provide you with the MRI's ordered are:

Fort Myers Locations

Naples Locations

- | | |
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| <ul style="list-style-type: none"> 1. Summerlin Imaging: 20 Barkley Circle Suite 104 Fort Myers, FL 33907 2. A1 Imaging – 1003 Del Prado Suite 103 Cape Coral, FL 33990 3. Florida Radiology Consultants – 6311 South Point Blvd, Suite 600 Fort Myers, FL 33919 4. Advanced Radiology: 2721 Del Prado Blvd S. Cape Coral, FL 33904 5. Radiology Regional: 6140 Winkler Rd. Fort Myers, FL 33919 | <ul style="list-style-type: none"> 1. NDIC: 1715 Medical Blvd Naples, FL 3410 2. Proscan: 7947 Airport Rd. N., # 101 Naples FL, 34109 3. Partners Imaging: 730 Goodlette Road North Suite 101 Naples, FL 34102 4. Stand up MRI of SW Fl : 4521 Executive Drive suite 104 Naples, FL 34119 |
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The facilities listed above are not exhaustive of all local facilities that are available to perform the diagnostic testing; to obtain further possible locations we recommend that you consult the area phone directory.

Neuroscience and Spine Associates P.L. has no financial interest in any of these other facilities. Further, we cannot assist you in scheduling or conducting the MRI study or ensure the quality of those studies. We cannot recommend or “vouch for” one facility over another. The choice of facility at which to have your study is entirely your own. If you have any questions about this written notice, or about your healthcare, please feel free to discuss them with us.

Patient Signature

Date

Print Patient Name

Patient Telephone Number

Patient e-mail address

PLEASE FAX BACK TO: (NASA Location)_____ FAX#_____