IMAGING

Requesting Physician: _____
Next Appointment: _____

Name: _____ DOB: _____Sex: _____Weight: _____ MRN:_____

PLEASE BE AS DESCRIPTIVE AS POSSIBLE WITH THE INFORMATION REGARDING YOUR PAIN / AREA OF INTEREST

Date of injury or onset of pain / illness: _____
Any injury to the affected area: Yes No
What problems or symptoms are you experiencing that resulting in your doctor ordering this test?
_____
_____
_____
_____
Please list any previous testing performed on the body part that is being scanned today: _____
_____
Please list any previous surgery to the body part being scanned today:
_____
Have you ever been diagnosed with cancer? Yes (please specify): _____ No
Date of last menstrual cycle (females only): _____

The following items can present significant health safety hazards in the MRI environment. If you have any of the following items, implants, devices, or conditions, you must notify the MRI technologist before entering the MRI scan room.

Please circle Y for Yes or N for No for each item, implant, device, and condition listed below:

Y / N	Cardiac Pacemaker / Lead Wires	Y / N	Hearing Aids or Dentures
Y / N	Stent or Wire in Blood Vessels / Shunts	Y / N	Cochlear, Otologic, or Other Ear Implants
Y / N	Artificial Heart Valves	Y / N	Bullet / BB Fragments / Shrapnel
Y / N	Brain Aneurysm Clips	Y / N	Facial Injury from Metal
Y / N	Prosthesis (Orbital, Joint, or Penile)	Y / N	Welding, Metal Slivers / Shavings in Eyes
Y / N	Metal Implants or Body Piercings	Y / N	Transdermal Patch
Y / N	Artificial Limbs or Joint Replacements	Y / N	Pregnant or Breast Feeding (females only)
Y / N	Insulin or Drug Infusion Pump	Y / N	IUD / Pessary Ring (females only)
Y / N	Neurostimulator	Y / N	Claustrophobic/Pre-Medicated?

I have answered these questions to the best of my knowledge and understand the information presented to me. A report will be generated to your ordering physician within 24-48 hours of your findings. Your physician will advise you of your results.

Patient Signature: _____ Date: _____

Technologist Signature: _____ Date: _____

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