

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Renal Failure:  Yes  No Creatinine: \_\_\_\_\_ GFR: \_\_\_\_\_ Nephrologist: \_\_\_\_\_

Diabetic:  Yes  No Insulin:  Yes  No

Body part to be scanned: \_\_\_\_\_

Date of injury: \_\_\_\_\_ Type of injury: Falling / twisting / lifting / car accident / \_\_\_\_\_

Location of pain: Front / Back / Right side / Left side / Joint / Top / Bottom of \_\_\_\_\_

Reason for examination/comments: (Describe severity, intensity, duration, **A time line of events.**) \_\_\_\_\_

Have you had a Previous MRI of the body part that we're scanning today?  Yes  No

Location of previous MRI: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that we need previous exams related to your MRI today for comparison! Your MRI may not be read until comparison films are received. Due to HIPAA, we cannot access your personal information without your written consent.

Any other Previous comparison studies? **Example-CT's, x-rays**

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

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

History of Physical Therapy, cortisone injections, etc.

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

History of Cancer:  Yes \_\_\_\_\_  No Date: \_\_\_\_\_ Treatment: \_\_\_\_\_

Type of Cancer

Please list all surgeries that you have had with approximate date: \_\_\_\_\_

MRI contrast is an IV injection of a liquid containing Gadolinium that is used occasionally to enhance the interpretation. Although Gadolinium contrast agents have been used safely in millions of patients, minor reactions (principally headaches or nausea) occur in 2% of patients. Serious or life threatening reactions have been reported in fewer than 1%.

The MR test that you are having may need the technologist to give you an MR Contrast agent containing Gadolinium. This contrast agent helps the doctor tell an abnormal process from a normal process. If contrast is needed you will need an IV site in your arm or hand. Most patients feel coolness in their arm followed by a warm feeling all over the body and a metallic taste in the mouth. These symptoms will only last a few minutes.

Recently, Gadolinium has been linked to NSF. This is a disease that affects people with reduced kidney function. Since the kidneys mainly remove Gadolinium, lab tests for kidney function need to be done before your MR Test.

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form, and I have had the opportunity to ask questions regarding the information on this form.

Patient/POA Signature: \_\_\_\_\_ Date / Time: \_\_\_\_\_

**Not Part Of Permanent Medical Record; PAC's Document Scanned**

Centra Lynchburg, Virginia  
**MRI Data Information Sheet**

Warning: The following items can interfere with the MRI imaging and can be hazardous to your safety. Please check the appropriate boxes. Not all implants are MRI compatible. Depending upon the implant, you may be asked to present an implant card before you are scanned. We apologize for any inconvenience, but this process is for YOUR safety. Thank you for your cooperation.

YES	NO	Cardiac pacemaker, Defibrillator or wires (can NEVER have MRI)_____
YES	NO	Head or Brain Surgery _____
YES	NO	Brain aneurysm clips _____
YES	NO	Eye Surgery _____
YES	NO	Ear surgery/inner ear implants _____
YES	NO	Heart Surgery _____
YES	NO	Aortic clips, heart valves _____
YES	NO	Carotid clips (neck arteries) _____
YES	NO	Vascular stents _____
YES	NO	Electrodes, neurostimulators, and TENS unit must be removed _____
YES	NO	Shunts or drainage tubes _____
YES	NO	Metal rods, pins, screws, or prosthesis, joint replacement _____
YES	NO	Spine surgery date _____ facility _____
YES	NO	Metal Mesh or wires sutures _____
YES	NO	Small Bowel Endoscopy Capsules (must be passed before scanning) _____
YES	NO	Shrapnel or gunshot wounds _____
YES	NO	Skin or Dermal patches like Nicoderm© must be removed _____
YES	NO	Latex allergy or sensitivity _____
YES	NO	Tattoos, tattoo eye liner, and glitter make-up may heat up during exam. <i>Please notify technologist if this should occur to simply stop the exam.</i>

YES	NO	Body piercings must be removed _____
YES	NO	Insulin pump, Infusion pump must be removed before entering the scan room
YES	NO	Hearing aids must be removed _____
YES	NO	Removable Dental Hardware (Dentures, Partials, or magnetic posts to hold Dentures)
YES	NO	Vena Cava filters, umbrella for blood clots _____
YES	NO	Do you currently have a wound dressing applied to skin? _____
YES	NO	<b>Are you on daily Blood thinners like Aspirin, Coumadin or Plavix</b> _____

HAVE YOU EVER HAD METAL IN YOUR EYES? (from welding for example)  Yes  No

For Technologists use:	Orbits Cleared? <input type="checkbox"/> Yes <input type="checkbox"/> No	By: _____
Dr. _____		

**MALES:**

YES	NO	Penile implants
YES	NO	Prostatic Seeds

**FEMALES:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

YES	NO	Pregnant	Last Menstrual Period: _____
YES	NO	Breast feeding. Please note if contrast is used, a minimal amount enters the breastmilk.	
YES	NO	Breast Implants / tissue expanders	

**Patient/POA Signature:** \_\_\_\_\_ **Date / Time:** \_\_\_\_\_

**Pre-Screening Signature:** \_\_\_\_\_ **Date / Time:** \_\_\_\_\_

**Nurse/Technologist Signature:** \_\_\_\_\_ **Date / Time:** \_\_\_\_\_

Please fax completed form to 200-2696.