



DATE \_\_\_/\_\_\_/\_\_\_

NAME \_\_\_\_\_

**MRI SCHEDULING QUESTIONS**

MRI EXAM \_\_\_\_\_

DR:

DO YOU HAVE A DR'S ORDER YES\_\_\_ NO\_\_\_

PHONE:

METHOD OF PAYMENT \_\_\_\_\_

FAX:

COPY OF THE INSURANCE CARD YES\_\_\_ NO\_\_\_

REASON FOR

EXAM \_\_\_\_\_

DATE OF INJURY \_\_\_\_\_

DO YOU HAVE:

**PRIOR FLMS:** Y \_\_\_\_\_ N \_\_\_\_\_

YES NO

- \_\_\_ \_\_\_ CARDIAC PACEMAKER (IF YES PATIENT CAN NOT HAVE THE MRI)
- \_\_\_ \_\_\_ ANEURYSM CLIPS IN HEAD OR NECK(IF YES OBTAIN PATIENT'S SURGICAL CARD WITH THE NAME OF THE ANEURYSM CLIP)
- \_\_\_ \_\_\_ EAR PROSTHESIS: STAPLES, COCHLEAR OR HEARING IMPLANT
- \_\_\_ \_\_\_ EYE SURGERY
- \_\_\_ \_\_\_ IMPLANTED ELECTRODES: PAIN CONTROL, HEART RHYTHM, NEUROSTIMULATOR
- \_\_\_ \_\_\_ CLAUSTROPHOBIA (FEAR OF SMALL SPACES)
- \_\_\_ \_\_\_ POSSIBILITY OF BEING PREGNANT
- \_\_\_ \_\_\_ ARE YOU BREAST FEEDING (IF RECEIVING CONTRAST PUMP BREAST MILK BEFORE THE STUDY, TO BE USED UNTIL INJECTED CONTRAST MATERIAL HAS CLEARED FROM THE BODY, WHICH TAKES 24 HRS.)
- \_\_\_ \_\_\_ BULLET WOUNDS OR SHRAPNEL IN THE BODY
- \_\_\_ \_\_\_ CARDIAC STENTS IMPLANTED (IF YES OBTAIN PATIENT'S SURGICAL CARD WITH THE NAME OF THE STENT)
- \_\_\_ \_\_\_ HAVE YOU EVER WORKED IN A MACHINE SHOP OR SIMILAR ENVIRONMENT WHERE YOU MIGHT HAVE BEEN SUBJECT TO METAL PARTICLES IN YOUR EYES? IF YES ORBIT X-RAY WILL BE REQUIRED.
- \_\_\_ \_\_\_ PERSONAL HISTORY OF CANCER
- \_\_\_ \_\_\_ PREVIOUS NECK OR BACK SURGERY

If patient is claustrophobic instruct them to call their doctor and get a prescription for oral medication. Take the medicine 45min prior to the test. Patient will not be able to drive after the medicine (pharmacist should explain). No medication will be provided at the site.

PATIENT WEIGHT \_\_\_\_\_

PATIENT HEIGHT \_\_\_\_\_

PATIENT NEEDS ORBIT X-RAY FIRST	
YES___	NO___