

ADI H&P	DR: Fax#	MRI: Date: Time:
Pt. Name:	()	Chart #:
Address:		DOB/Age:
Email:		Best Phone:

The below items may interfere with Magnetic Resonance Imaging (MRI) & some could be potentially dangerous
Therefore, please indicate if you have any of the following & the MRI technologist will review this form with you verbally after completion. Please discuss in detail with the tech any of the below listed as "Yes".

In regards to COVID-19 safety practices, We recommend that you wear a face covering when in direct contact with staff.

Please check each box below appropriately:	No	Yes	>IF YES, DETAILS:
Have you been sick, exposed to COVID-19 or awaiting test results in past week?			←If YES, kindly Reschedule MRI
Pacemaker <i>If yes to pacemaker, YOU CAN NOT HAVE MRI</i>			
Heart Surgery (bypass, stent, valve...)			
Brain surgery or Aneurysm Clips			
Ear Surgery or Cochlear Implant or Hearing Aids			
Eye Surgery or Lens Implant			
Pins, Screws, Plates implanted			
Joint Replacement or Prosthetic Device			
Mechanical devices (pain pump, stimulator ...)			
Any Other Implanted items (ask for our list, if necessary)			
Bullets, Pellets, or Shrapnel (gunshot or war wound...)			
Are you pregnant or nursing?			
Do you have Tattoo or Tattooed makeup?			

- Please describe below your symptoms, pain &/or problems associated with the MRI for today:

- _____
- How long have you experienced symptoms: _____ If you were injured, Date: _____
- & circle how it occurred: Lifting Fall Sports Work Related Car Accident Other _____
- Have you ever had cancer()No ()Yes> Date: _____ Type/body area: _____
- Have you had surgery on the area we are performing the MRI()No ()Yes> Date & Type: _____
- Height: _____ Weight: _____ (required for MRI machine)

By signing below, I certify that I have described my medical history correctly and I give consent for MRI

Patient signature: _____ Date: _____

For Tech Use Only	Tech Notes:		Form Reviewed by: Tech() front desk()
Comparison Study?	()Yes	Previous Scan:	Date:
CD given to pt @ TOS	()Yes	CD printed @ TOS for delivery/mail ()Yes	Report Only ()Yes
<u>MRI scan & CPT Code:</u>		<u>Diagnosis description:</u>	