Account #__________

MRI PROCEDURE SCREENING FORM

Date: ________ Name: ______________________________________ Date of Birth: __________Age: ____Weight: ____

Please explain symptoms and/or reason for exam: ____

____

____

List ***ALL*** surgeries and dates performed:____

____

____

PLEASE MARK **YES** OR **NO** TO ALL THE FOLLOWING:

YES	NO		YES	NO	
____	____	Claustrophobic	____	____	Multiple Sclerosis
____	____	Pacemaker	____	____	Prosthetic Heart Valve
____	____	Brain Aneurysm Clip	____	____	IUD (Intrauterine Device)
____	____	Metal in Eyes	____	____	Internal Electrodes/Wires
____	____	Eye Implant	____	____	Tattoo/Permanent Make-up
____	____	Hearing Aid	____	____	Transdermal Medication Patch
____	____	Implanted Drug Pump	____	____	Pregnant/Nursing Mother
____	____	Artificial Limb/Joint	____	____	Kidney Disease/Kidney Removed
____	____	Programmable Shunt	____	____	History of Cancer: Type_______________
____	____	Penile Implant	____	____	Metal fragments, Shrapnel or Bullets in Body
____	____	Dentures/Partial Plate	____	____	Electrical Stimulator for Bone or Nerve
____	____	Diabetic	____	____	Cochlear Ear Implant or Stapedectomy
____	____	Dialysis	____	____	Coils, Filters or Stents in Blood Vessels
____	____	Sickle Cell Disease			

Your doctor may have requested and IV injection of MRI contrast, Gadolinium, for today's exam. Gadolinium is used to give additional information to the doctor and may help diagnose a problem. Complications from this contrast are rare. However, they may include, but not limited to: nausea, vomiting, hives, and rash, in ***extremely rare*** cases kidney failure, Nephrogenic Systemic Fibrosis (NSF), difficulty breathing, or even death can occur.

I attest that the above information is correct to the best of my knowledge. I have also read and understand the entire contents of this form and I hereby request and authorize performance of this test today.

Signature: ____ Date: ______________ Tech. Initials: ___________

FOR OFFICE USE ONLY:

Creatine: ___________ GFR: _________ Amount of Magnevist: ________cc