

MRI PATIENT FORM

Name _____ Weight _____

MRI Exam _____ Date of Exam _____

Referring Doctor(s) _____

REASON FOR EXAM (SYMPTOMS): _____

LIST PRIOR SURGERIES: _____

PERSONAL HISTORY OF CANCER? _____

PLEASE LIST PRIOR X-RAYS, CT SCANS, MRI'S, ULTRASOUNDS AND
NUCLEAR MEDICINE TESTS YOU HAVE HAD:

TEST PERFORMED	DATE	FACILITY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of the following apply? YES / NO

- | | |
|---|--|
| <input type="checkbox"/> Aneurysm clip | <input type="checkbox"/> Intravascular coils, filters or stents
within past 6 weeks |
| <input type="checkbox"/> Retinal tack in eye | <input type="checkbox"/> Fractures treated with pins,
screws, nails in past 6 weeks |
| <input type="checkbox"/> Metal fragment in head, eye,
spine or skin (metal worker) | <input type="checkbox"/> Hearing aid/dentures (remove!) |
| <input type="checkbox"/> Cochlear implant | <input type="checkbox"/> Permanent Eye Makeup |
| <input type="checkbox"/> Metal spinal rods | <input type="checkbox"/> Insulin or Morphine pump |
| <input type="checkbox"/> Neurostimulator (TENS unit)
or Bone growth stimulator | <input type="checkbox"/> Penile prosthesis |
| <input type="checkbox"/> Cardiac pacemaker or
Cardiac defibrillator | <input type="checkbox"/> Claustrophobia |
| | <input type="checkbox"/> Pregnancy |

List ALL medication allergies:

List Sedative medication & dose taken for this exam _____

Gadolinium/Sedation Administered:

DRUG	DOSE	ROUTE	TIME	ADVERSE REACTION?
Gadolinium		I.V.		

Technologist's Notes:

CONSENTS FOR MRI EXAM & GADOLINIUM CONTRAST

I certify the information on the reverse side of this form to be correct to the best of my knowledge. I understand that despite precautions, there is a limited risk of complications with this procedure. These complications could include possible injury if questions are incorrectly answered on the reverse side of this form. I give consent for this MRI scan to be performed.

Patient/Guardian Signature: _____

Your Doctor or the Radiologist has, or may, request the use of Gadolinium. Gadolinium is a MRI contrast agent that is given intravenously and may add useful information to your MRI examination. There is a small but significant possibility of an allergic reaction, which, in rare cases, could be fatal. I grant my permission for use of Gadolinium contrast. In the unlikely event of a reaction to contrast material, I further grant my permission to administer any medication or to perform any additional procedures as may be judged necessary by the supervising physician.

Patient/Guardian Signature

Witness

Date