

MRI PATIENT SCREENING

Patient Name: _____ Social Security #: _____

Briefly describe your symptoms: _____

Your next appointment with your doctor: Date _____ Time _____

Have you had an MRI? Yes ___ No ___ If yes, where: _____

List surgeries: _____

Have you ever been diagnosed with cancer? Yes ___ No ___ If yes, please list type: _____

Are you pregnant or do you believe that you could be: Yes ___ No ___

Have you ever had kidney disease/failure? Yes ___ No ___

Are you on dialysis? Yes ___ No ___

Are you allergic to any medications or IV contrast (IVP dye, Xray dye, or Gadolinium)? Yes ___ No ___

If yes, please list medications or contrast and describe reaction: _____

Race (please circle): African American American Indian Asian/Oriental Caucasian Hispanic Other

Weight: _____ Are you a diabetic? Yes ___ No ___

The following items can interfere with MRI imaging and some may be hazardous to your safety. Please read carefully and circle Yes or No to each item listed below:

Heart Pacemaker	Yes	No	Harrington Rods	Yes	No
Heart/Aortic Clips	Yes	No	Ear Implants	Yes	No
Heart Valves	Yes	No	Metallic Implants	Yes	No
Heart Surgery	Yes	No	Other Implants	Yes	No
Aneurysm Clips	Yes	No	Worked with Metal (grinding, welding, machine shop)	Yes	No
Vascular Clips	Yes	No	Metal Slivers in Eyes	Yes	No
Brain Clips	Yes	No	Shrapnel or Bullets	Yes	No
Brain Surgery	Yes	No	Clips, Pins, Rods, Screws	Yes	No
Nerve Stimulator	Yes	No	Metal Fragments Anywhere in Body	Yes	No
Bone Stimulator	Yes	No			
Insulin Pump	Yes	No	Hearing Aid	Yes	No
Joint Replacement	Yes	No	Removeable Dental Work	Yes	No
Eye Implants	Yes	No	Prosthesis	Yes	No
Claustrophobic	Yes	No	Sedation from Physician	Yes	No
Allergic to Latex	Yes	No	Defibrillator	Yes	No
Medication/Nicotine Patch	Yes	No	Tissue Expander	Yes	No
Stents	Yes	No	Implanted Birth control Device	Yes	No

If yes date/s placed _____

Patient's Signature (If patient is under 18, guardian must sign)

Date

Technologist's Signature

Date



OPEN MRI

PATIENT INFORMATION

Welcome to The Moore Orthopaedic Clinic, P.A. Open MRI. Please read the following information carefully. We hope that you find this information helpful.

Prior to your MRI examination, we ask that you complete the attached questionnaire. This will help to expedite your exam. All joint replacements, screws, pins, and rods are safe for you to have your MRI exam. Patients that have had metal in their eyes must have orbit (eye) x-rays completed before their MRI exam. Stent implants must be in place 12 to 16 weeks before an MRI exam can be performed. All brain aneurysm clips must be researched by the MRI Technologist.

PACEMAKERS, COCHLEAR IMPLANTS, DEFIBRILLATORS, AND TISSUE EXPANDERS ARE DEVICES THAT WILL PREVENT YOU FROM HAVING YOUR MRI EXAM!

Please dress comfortable. We suggest that you wear a jogging suit with no snaps or zippers. Please leave all jewelry and valuables at home. We ask that you arrive at least 15 minutes early. Again, be sure to bring your completed questionnaire along with the order for your MRI exam and any implant cards that you may have.

If you have any questions or concerns, please feel free to contact the MRI Technologists, Cindy Jordan or Carla Haworth, at (803) 227-8007.

Thank you,

Cindy Jordan, RT (R) (MR)
Carla Haworth, RT (R) (MR)