

MRI QUESTIONS

Patient Name: _____

Patient DOB: _____

Patient Phone Number: _____

Questions	NO	YES	If yes to any question please explain in this box
Previous surgery in area of interest?			
Requires Sedation			
Has an Iodine or contrast allergy?			
Has a previous image of area of interest?			
Currently Pregnant?			
Has history of cancer?			
History of Hypertension?			
History of kidney problems?			
History of Diabetes? If patient is 60 or older, or answered yes to any of last 3 questions a creatinine level must be done with in last 30 days. Was test ordered?			
Has pacemaker?			
Has had aneurysm clips?			
Had metallic penetrating eye injury that required care?			
Has implanted devices?			
Has body piercings?			

Weight _____ Height _____

Pick Location:

Saint Mary's _____ Metro _____ Spectrum _____