

OpenSided MRI Appointment

MMR # _____ Previous Patient Appt. Confirmed _____

Name _____ DOB _____ SS # _____

Phone # _____ Exam Date _____ Time _____

Study _____ CPT/IDC9 _____

Physican _____ NPI/Tax ID _____

Physician Contact _____ Other info/phone# _____

Phone# _____ Fax# _____

Image Preference Films w/pt Films Deliv. CD w/pt CD Deliv. Other _____

Insurance _____ **ID/Group/Claim #** _____

Phone # _____ **Authorization #** _____

Phone # _____ Reference/Tracking # _____

Insurance (secondary) _____ ID/Group # _____

Benefits/Info _____ PT Owes _____

Contrast Exams ONLY

Medicare/Medicaid patient (Make sure doctor is scheduled)

Is the patient **Breastfeeding** or have an allergy to **Latex, Imaging, Contrast, Iodine, or Shellfish?** Yes No

If yes, inform a technologist IMMEDIATELY for additional guidance.

Is the patient **Over 60** or have a history of **Liver or Renal Disease, solitary kidney/liver, transplants or tumors. History of Hypertension, diabetes, on blood thinners, or glucophage?** Yes No

Explain _____ GFR _____

*** If yes, get Creatinine from referring doctor for GFR. Pt needs to be off blood thinners 48 hours prior and off Glucophage 24 hours post MRI. ***

Does the patient have history of **Severe Hepatic Disease, pending or current Liver transplant?** Yes No

*** If yes, it is recommended that the patients GFR be done nearly the same time as the contrast MRI ***

Screening

Has patient worked with metal (ie: machinist or welder), or ever had metal in their eyes? Yes No

*** If yes, contact referring doctors office schedule an Orbits X-Ray prior to MRI. ***

Is the patient **pregnant?** Yes No

History of **cancer?** Yes No If yes, list type of cancer _____

Previous **surgery** in exam area? Yes No If yes, list type and date _____

Previous imaging in exam area? Yes No If yes, list date and location _____

Medications? Yes No If yes, what? _____

Does Patient have a pacemaker? Yes No

Is the patient **claustrophobic?** Yes No

Does the patient have any of the following: Heart Valve, IUD, Aneurysm Clips, Neuro/Bio Stimulator, Hearing/eye Implants, Dental held with magnet, artificial joints.

*** If yes, bring to a technologists attention IMMEDIATELY to eliminate lost exams due to contradicting medical conditions. ***