

MAGNETIC RESONANCE IMAGING (MRI)

Initial information form

For your safety and the success of the examination: please answer the following questions for your MRI scan. It takes about 1 minute to complete the form.

Please select statements that apply to you:

I have:	Yes	No
surgeries done and/or metal objects (what kind of surgery, implants, surgical clips, shrapnel, prosthesis, a cochlear implant, medicine- or pain control pump or these wires)	<input type="checkbox"/>	<input type="checkbox"/>
details of your surgery, implant, or prosthesis (manufacturer and model, year of surgery)	<div style="border: 1px solid black; border-radius: 15px; height: 70px; width: 100%;"></div>	
pacemaker or a wire of a pacemaker	<input type="checkbox"/>	<input type="checkbox"/>
medicine or insulin pump, blood sugar sensors, a medicated plaster, a hearing aid (these needs to be removed before examination)	<input type="checkbox"/>	<input type="checkbox"/>
renal insufficiency	<input type="checkbox"/>	<input type="checkbox"/>
tattoos or piercings	<input type="checkbox"/>	<input type="checkbox"/>
allergies to contrast agent (dye)	<input type="checkbox"/>	<input type="checkbox"/>
For women: I am pregnant	<input type="checkbox"/>	<input type="checkbox"/>
I have referral	<input type="checkbox"/>	<input type="checkbox"/>

If you don't have referral please give additional information: reasons for MRI, any symptoms or suspicion of disease,

Please give your weight and height for MRI-examination

Date ____ / ____ 20____

social security number and name

signature

The form will be document in the SYNLAB patient information system.