

MRI Registration



Norwood
4805 Montgomery Rd. (Suite 150)
Cincinnati, Ohio 45212
Direct: (513) 721-SCAN
Fax: (513) 721-6330

Patient Name _____ Date of Birth _____ Weight _____ Height _____

Please answer the following (all must be checked YES or NO)

YES

NO

Are you receiving this MRI as a result of having sustained an injury?

if YES, please explain: _____

Have you had an MRI, MRA, or CT performed before on the body part we are scanning today?

if YES, where? _____ When? _____

What body Part _____

Have you had any previous surgeries?

if YES, please indicate date and type of surgery:

Date _____ Type of Surgery _____

Date _____ Type of Surgery _____

Have you ever been diagnosed with cancer?

if YES, please state the name of your cancer and location in the body:

Have you had chemotherapy - OR - radiation therapy?

if YES, when was your last treatment? _____

Have you ever had a contrast allergic reaction to either x-ray, CT or MRI dye?

if YES, please describe: _____

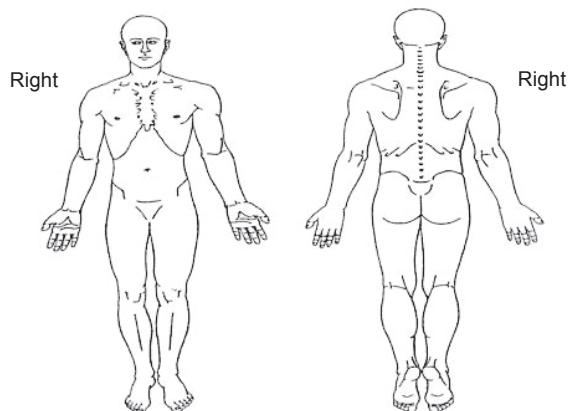
Are you claustrophobic?

Please describe the symptoms you are having which pertain to you having this exam and how long you have been having these symptoms:

Mark your Symptoms with an "X"

- _____ Headaches
- _____ Vision Loss/Changes
- _____ Dizziness
- _____ Numbness in Arms or Legs
- _____ Hearing Loss - Right / Left (circle)
- _____ Ringing in Ears
- _____ Change in Bowel Function
- _____ Change in Bladder Function
- _____ Lump or Mass (Location: _____)
- _____ Swelling (Location: _____)

Mark your Symptoms with an "X"



CONTINUED ON OTHER SIDE. PLEASE TURN OVER.

The federal government has required us to identify alternate providers of this service. This list is not intended as a recommendation.

ProScan Imaging Midtown
5400 Kennedy Avenue
Cincinnati, OH 45213
Phone (513) 618-1063

ProScan Imaging
6 Paul Brown Stadium
Cincinnati, OH 45202
Phone (513) 455-4999

TriHealth Imaging
Good Samaritan Westbourne
3285 Westbourne Drive
Cincinnati, OH 45248
Phone (513) 569-6777

Varsity Village Imaging Center
2650 Varsity Village Drive
Cincinnati, OH 45219
Phone (513) 556-4674

TriHealth Imaging
Good Samaritan Glenway
6350 Glenway Avenue
Cincinnati, OH 45211
Phone (513) 569-6777

IMPORTANT!

CERTAIN IMPLANTS, DEVICES OR OBJECTS MAY INTERFERE
WITH THE MRI PROCEDURE OR BE HARMFUL TO THE PATIENT!
THE MRI MAGNET IS ALWAYS ON!

**Do you currently or have ever had any of the following?**

(Please check YES or NO for each individual question below -- do not draw a line through a column)

<u>YES</u>	<u>NO</u>	
_____	_____	COCHLEAR/STAPES/INNER EAR IMPLANT
_____	_____	CARDIAC PACEMAKER
_____	_____	CARDIOVERTER/DEFIBRILLATOR / CARDIAC LOOP RECORDER or MONITOR
_____	_____	ANEURYSM CLIP (<i>Brain or Aortic</i>) – Location: _____
_____	_____	ARTIFICIAL / MECHANICAL HEART VALVE
_____	_____	INTRAUTERINE DEVICE - Type: _____
_____	_____	COIL / FILTER / STENT (<i>Heart, Vena Cava or Other</i>) – Location: _____
_____	_____	INJURY BY FOREIGN/METAL OBJECT IN HEAD, EYE OR SKIN (<i>Metal fragments/shavings/slivers/shrapnel/bullet/BB</i>)
_____	_____	IMPLANTED STIMULATOR (NEUROSTIMULATOR/TENS UNIT/BIOSTIMULATOR/BONE GROWTH)
_____	_____	IMPLANTED DRUG PUMP (<i>Insulin/Pain/Chemotherapy/Baclofen</i>)
_____	_____	INTERNAL ELECTRODES/WIRES – LOCATION: _____
_____	_____	EYE IMPLANT
_____	_____	JOINT REPLACEMENT / FRACTURED BONES TREATED WITH METAL (<i>Rods, Plates, Pins, Screws, Nails, Clips</i>) LOCATION: _____
_____	_____	PROSTHESIS/ARTIFICIAL LIMB/BRACE
_____	_____	SURGICAL CLIPS/STAPLES / WIRE SUTURES/METAL MESH
_____	_____	HEARING AID
_____	_____	PENILE IMPLANT
_____	_____	TISSUE EXPANDER (<i>Breast, Soft Tissue, etc</i>)
_____	_____	SHUNT (<i>Spinal or Ventricular</i>) – LOCATION: _____
_____	_____	WIG/HAIR IMPLANTS/CLIPS
_____	_____	REMOVABLE DENTURES/PARTIAL PLATE/FALSE TEETH
_____	_____	NICOTINE OR MEDICATION PATCH (<i>Nitroglycerine, Pain, Hormone</i>)
_____	_____	TATTOOS / PERMANENT MAKEUP TATTOO / MAGNETIC EYELASHES
_____	_____	BODY PIERCING – LOCATION: _____
_____	_____	ARE YOU PREGNANT / BREASTFEEDING?
_____	_____	OTHER TYPE OF IMPLANTED ITEM (<i>Please List</i>): _____

If you checked YES to anything in this area above, you must contact the MRI Center prior to your scan: (513) 721-7226

FOR PATIENTS RECEIVING CONTRAST / GADOLINIUM INJECTION

Gadolinium-DTPA is a contrast agent that has been approved by the Food and Drug Administration for use in MRI scans. The side effects of Gadolinium contrast have been reported to include, but are not limited to, nausea, vomiting, headaches, and allergic reaction.

Do you have any of the following? (All must be checked YES or NO)

<u>YES</u>	<u>NO</u>	
_____	_____	Kidney Cancer/Failure/Insufficiency/Transplant
_____	_____	Diabetes
_____	_____	Hypertension/High Blood Pressure
_____	_____	Liver Disease/Transplant/Hepatitis
_____	_____	Medicine Allergies IF YES, Types: _____

Consult the technologist if you have any questions **before** you enter the MRI room

I have read this consent form and checklist, or have had it read to me. I have had the opportunity to ask questions about Gadolinium and I consent to the use of Gadolinium in my case, if applicable.

PATIENT'S SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ TECH'S INITIALS _____