

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

## What Is MRI?

Magnetic resonance imaging (MRI) uses a very strong magnet and radio waves to produce images of the body, allowing the doctor to visualize bones, tendons, ligaments, and soft tissues. When appropriate, we inject a special contrast called gadolinium to add valuable information to your examination.

## Why Is an MRI Examination Beneficial?

Depending upon the specific type of MRI procedure performed, the doctor will be able to visualize the inside of your ligaments and tendons, revealing partial as well as large muscle tears, sprains, and strains. MRI shows us the inner portions of bone and can reveal tumors or bone bruises, as well as cartilage tears. MRI can also reveal improper blood flow, aneurysms, strokes, tumors, and certain other disorders of the brain. Spinal cord abnormalities and other sources of back pain can also be seen. MRI is one of the most advanced medical imaging methods and is rapidly moving forward in its application and research.

## How Do I Prepare for an MRI Examination?

In most instances no special preparation is necessary. There are no food or drink restrictions unless your doctor orders certain rare examinations of your abdomen, and you should continue to take any medications prescribed by your doctor unless otherwise directed. You won't be allowed to wear street clothes or anything metallic, like jewelry, during the examination. The MRI scanner will make a loud "knocking" noise, so hearing protection such as earplugs or headphones will be supplied to you by the center. Examination times commonly range from 20 to 60 minutes and it is important to lie still during the entire examination because movement degrades the quality of the images. Patients who experience severe pain associated with their medical conditions should plan for this, timing their pain medications to achieve optimal pain relief during the time of the examination. We will monitor you throughout the procedure. You can easily communicate with us at any time during the test. Please let us know promptly about any discomfort or distress.

## What Are the Risks?

For most people, MRI is one of the safest medical imaging examinations because it involves no harmful radiation. MRI is not painful and there are no known harmful effects to the body. Patients who may be pregnant should always advise their physician and the technologist before the appointment so they can exercise additional caution. Patients with claustrophobia often find MRI examinations unpleasant because of the confining feeling of the equipment. In some cases your doctor may prescribe a sedative to ease this discomfort, or may recommend examination in a less confining MRI system.

The MRI scanner produces a very powerful magnetic field that will attract certain metallic objects that contain even small amounts of iron. The force of this attraction can cause metallic objects to move suddenly and with great force towards the center of the MRI scanner, posing a risk to the patient or anyone in the way of the object. Great care is taken to prevent metallic objects from entering the MRI room, so it is vital that you remove all metallic objects before your examination. Some patients cannot safely undergo MRI examination because of metal in their bodies. Examples of devices or foreign objects that may create a health hazard or other problem during an MRI exam include: pacemaker, implantable cardioverter defibrillator (ICD), neurostimulator, aneurysm clip, metal implant, implanted drug infusion device, or other implants that utilize magnets. Foreign metal objects, especially if in or near the eye, bullets, or shrapnel may also pose a risk and require evaluation. MRI scanners have been known to alter the delivery rate of medication patches, so they must be removed during the examination. Check with the technologist if you have questions or concerns about any implanted object or health condition that could affect the MRI procedure. This is particularly important if you have undergone surgery involving the brain, ear, eye, heart, or blood vessels.

CONTINUED ON BACK

## What Are the Alternatives?

In most instances MRI provides a more detailed image of the body than other types of scans. In some cases, depending on individual factors such as your symptoms and the specific condition being investigated, there may be alternatives to having an MRI scan. These include:

- X-ray
- Computed Tomography (CT) Scan
- Ultrasound
- Nuclear Medicine Scan

**By signing this you agree that you have read this form and/or I have received oral communications of all the information provided in this form. You understand the information, and have had any questions answered regarding this procedure and who will read the exam. In addition, you agree that you 1) have been explained the purpose of the procedure; 2) have been informed of how long the procedure will take; 3) understand the risks, benefits, and complications associated with the procedure; 4) have truthfully informed ProScan of my current medical condition and have complied with any requirements for having this procedure that have been communicated to me; 5) are aware of possible alternatives; and 6) have been given the right to refuse to consent to the procedure.**

**I have not been pressured to sign this consent and do so voluntarily. I understand that I may contact ProScan at the address and phone number provided if I have any further questions about this form or the procedure. I am at least 18 years of age, of sound mind and not under the influence of alcohol or hallucinogenic drugs. I have no reservations and give my consent to start and complete the exam(s) by my signature and date here.**

\_\_\_\_\_  
Patient's and/or Appropriate Agent's Signature

\_\_\_\_\_  
Date

If this procedure is being performed in Indiana, the following person has witnessed the signing of this form:

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date



# HIPAA Acknowledgment & Office Policies

**BY SIGNING BELOW, I HEREBY ACKNOWLEDGE AND AGREE TO THE FOLLOWING POLICIES:**

**RESPONSIBILITY FOR VALUABLES.** ProScan does not assume responsibility for securing any and all valuables and personal items belonging to patients or visitors. You are responsible for securing all valuables or personal items prior to your imaging exam.

*\*I have read and understand the above statements and acknowledge that ProScan and its employees are not liable for the loss or theft of my valuables or personal items.*

**CHILDREN IN THE WAITING ROOM.** ProScan is not responsible for providing supervision of any child during your imaging exam. You are welcome to bring your child or children if there is another adult accompanying you to supervise your child or children while your imaging exam is being done.

*\*I have read and understand the above statements and acknowledge that ProScan and its employees will not be responsible for providing childcare for my child or children during my imaging exam.*

**CANCELLATION POLICY.** If you will not be able to appear for your scheduled appointment, you must notify ProScan 24 hours prior to your appointment time. If you miss or cancel your appointment without giving the appropriate 24-hour notice, ProScan may charge you a \$50.00 cancellation fee.

*\*I have read and understand the above statements and acknowledge that if I do not provide ProScan with 24 hours prior notice that I cannot keep my scheduled appointment, I may be charged a \$50.00 cancellation fee.*

**BY SIGNING THIS DOCUMENT BELOW, I HEREBY ACKNOWLEDGE THAT I HAVE BEEN OFFERED AND/OR HAVE RECEIVED A COPY OF PROSCAN IMAGING AND AFFILIATED ENTITIES NOTICE OF PRIVACY PRACTICES.**

I hereby give my consent for ProScan Imaging and Affiliated Entities to release my protected health information to the following individual(s): *(PLEASE PRINT)*

_____	Relationship to Patient _____
_____	Relationship to Patient _____
_____	Relationship to Patient _____

<b>FOR PROSCAN IMAGING USE ONLY – RECEIPT OF NOTICE OF PRIVACY PRACTICES ONLY</b>	
Date Acknowledgment Received: _____	Initials: _____
<b>-OR-</b>	
Reason Acknowledgment was not obtained: _____	
_____	

\_\_\_\_\_  
Patient or Legal Representative Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship/Authority if Legal Representative

If this procedure is being performed in Indiana, the following person has witnessed the signing of this form:

Witness's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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## Health History Questionnaire for MRI Examination

Patient Name: \_\_\_\_\_ Date of Service: \_\_\_/\_\_\_/\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Yes  No Is your visit due to an accident or trauma?

Yes  No Have you filed a personal injury claim?

Yes  No Was this a work related injury?

Yes  No Due to a motor vehicle accident?

What is the number one symptom you are experiencing? \_\_\_\_\_

Please describe the nature and date of the injury.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

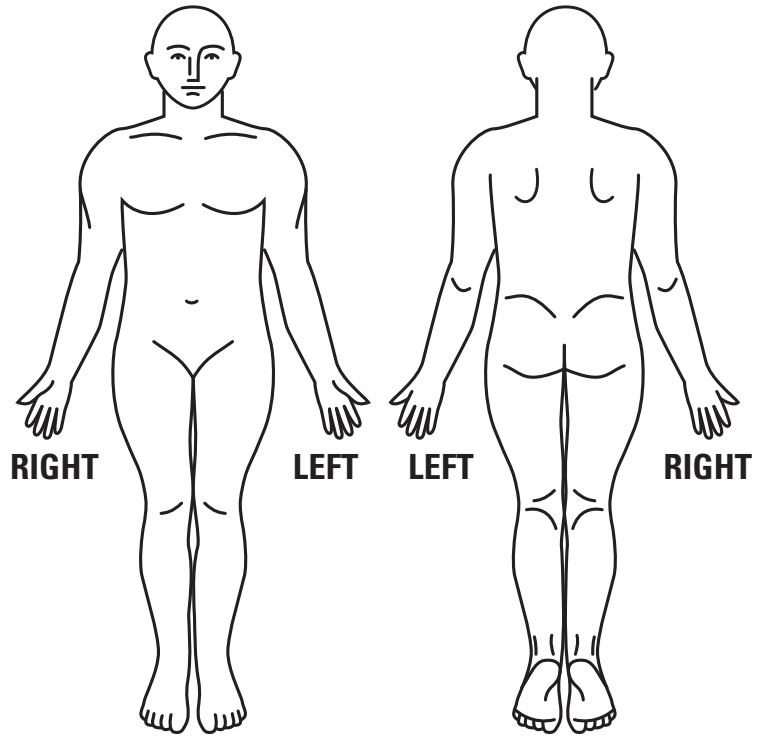
*If you are experiencing any pain, please mark with an "x" where the pain is on the illustrations. If you are NOT currently experiencing any pain, please check the box below the illustrations.*

Please list all major medical history. Be sure to include all surgeries and drug allergies.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other MRIs, X-rays, CT scans or Ultrasounds you have had of the area we are imaging today and the date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



NOT CURRENTLY EXPERIENCING PAIN

Tech Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No Contrast Injected?

Time \_\_\_\_\_ AM/PM Contrast Brand Name \_\_\_\_\_ Dosage \_\_\_\_\_

Route Administered \_\_\_\_\_ Administration site \_\_\_\_\_

Lot \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_/\_\_\_ Reaction? \_\_\_\_\_

Signature of technologist \_\_\_\_\_

Signature of Physician Supervising Contrast \_\_\_\_\_

Signature of Witness \_\_\_\_\_



# Patient Safety Screening for MRI

**WARNING! IF YOU HAVE A PACEMAKER, DEFIBRILLATOR OR ANEURYSM CLIP, DO NOT PROCEED WITH YOUR SCAN. PLEASE NOTIFY A STAFF MEMBER IMMEDIATELY.**

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Appt. Date \_\_\_\_\_

**Please indicate if you have any of the following implants or metal inside your body:**

- Yes  No Cardiac Pacemaker
- Yes  No Heart Valve prosthesis
- Yes  No Aneurysm Clip
- Yes  No Vascular Access port and/or catheter
- Yes  No Cochlear, otologic or other ear implant
- Yes  No Hearing aids
- Yes  No Dentures, partial plates or dental implant
- Yes  No Spinal cord stimulator or other neurostimulation system
- Yes  No Surgical staples, clips, endoscopic clips or metallic sutures
- Yes  No Wire mesh implant
- Yes  No Surgically implanted device or prosthesis (penile, eye etc)
- Yes  No Insulin or other drug infusion pump
- Yes  No Breast or other tissue expander
- Yes  No Bone growth or bone fusion stimulator
- Yes  No Artificial or prosthetic limb
- Yes  No Bone/joint pin, screw, nail, wire, plate etc
- Yes  No Medication patches of any kind
- Yes  No Spinal or intraventricular brain Shunt
- Yes  No Body piercings, tattoos or permanent make-up
- Yes  No Breast feeding or pregnancy
- Yes  No metallic foreign body in the eye, currently or in the past, for which you previously sought medical attention
- Yes  No Cardiac Defibrillator (ICD)
- Yes  No Swan-Ganz or thermodilution catheter
- Yes  No Metallic stent, filter or coil
- Yes  No Intraocular lens, eyelid spring or wire
- Yes  No Cosmetic colored contact lenses
- Yes  No Radiation seeds or implants
- Yes  No Internal electrodes or wires
- Yes  No Joint replacement (hip, knees etc)
- Yes  No IUD, diaphragm or pessary
- Yes  No Any metallic fragment or foreign body
- Yes  No Breathing problem or motion disorder

**IMPORTANT INSTRUCTIONS! Before entering the MRI environment or MRI system room, you must remove ALL metallic objects, including hearing aids, dentures, partial plates, keys, pagers, cell phones, eyeglasses, hairpins, barrettes, jewelry, body-piercing jewelry, watch, safety pins, paper clips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, and tools. Please consult the MRI technologist or radiologist if you have any questions or concerns before you enter the MRI system room.**  
**NOTE: You may be advised or required to wear earplugs or other hearing protection during the MRI procedure to prevent possible problems or hazards related to acoustic noise.**

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form, and had the opportunity to ask questions regarding the information on this form and the MR procedure that I am about to undergo.

Signature of Person Completing Form: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature

Form Completed by:  Patient  Other \_\_\_\_\_  
Print name Relationship to patient

Form Reviewed by:  MRI Tech.  Rad. \_\_\_\_\_  
 Tech. Assist.  Coordinator Signature

I have reviewed this form. All positive responses have been discussed, investigated and cleared. The patient has been coached appropriately and scanned with the SafeScan device.

Signature of Technologist: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If this procedure is being performed in Indiana, the following person has witnessed the signing of this form:

Witness's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_