

Appointment Time:		Appointment Date:	
First Name		Last Name	
Phone:		Alternate:	
DOB:	Weight: lbs.	Age: Yrs. Old	<input type="checkbox"/> 55 yrs. old or older
Lab Work Date:	GFR: / <input type="checkbox"/> African American / <input type="checkbox"/> Non-African American	Creatinine:	BUN:

Referring Physician:		Office Phone:	
Location:	Made by:	Office Fax:	
Procedure:			
Diagnosis:			
Previous Exams			
Tech Notes:			

MR Screening Questions	YES	NO	If YES, Explain:
Do you have any implants in your body?	YES	NO	
Do you have any kind of ear implants?	YES	NO	If YES, you MUST provide what type of implant - Make & Model
Do you have a Pacemaker?	YES	NO	If YES, we CAN NOT do your MRI.
Do you have any Simulator or Stimulator Wires?	YES	NO	
Pain Pump or Insulin Pump?	YES	NO	If YES, they must be removed.
Do you have any Stents?	YES	NO	If YES, how long have you had them? Where are they? You MUST provide abdominal stent documentation.
Do you have a Shunt?	YES	NO	If YES, Is it Programmable?
Do you have any Aneurysm Clips or Coils?	YES	NO	If YES, you MUST provide Make & Model information.
Have you ever had metal removed from your eyes?	YES	NO	If YES, you MUST have X-ray Clearance after object removal.
Have you ever had Foreign Objects Embedded or Removed from your Body?	YES	NO	
Have you ever had an Allergic Reaction to Contrast?	YES	NO	
Do you have any Artificial Orthopedic Devices? (i.e. hips, knees, toes, etc.)	YES	NO	
Do you Use any Medicated Patches?	YES	NO	If YES, Remove Prior to MRI
Are you Claustrophobic?	YES	NO	
Are you Pregnant or are you Breast Feeding?	YES	NO	Pregnant <input type="checkbox"/> Breastfeeding <input type="checkbox"/>
Do you have Asthma?	YES	NO	
Do you have Breast Tissue Expanders?	YES	NO	
Can you Stand and Move on your Own?	YES	NO	If No, Do you Need Assistance: YES / NO
Do you have a History of Bladder or Kidney Cancer?	YES	NO	** IF YES, SEE BACK OF THIS SHEET **
Do you have a History of Any Type of Cancer?	YES	NO	
Do you have any Renal Insufficiency? - If YES, are you Undergoing Dialysis?	YES	NO	** IF YES, SEE BACK OF THIS SHEET ** If Dialysis, you can NOT be injected at AIN
Are you Diabetic?	YES	NO	** IF YES, SEE BACK OF THIS SHEET **
Have you ever had Open Heart Surgery	YES	NO	If Yes, was any metal inserted: YES / NO
What is your Surgical History in the last 3 months?			

AIN/NDS MRI BLOOD WORK POLICY

The following patients will *ALWAYS* need Creatinine/GFR lab work drawn within 6-Weeks of their MRI examination:

- *60 years old or older*
- *History of bladder or renal cancer*
- *History of diabetes*
- *History of high blood pressure; treated or not treated*

The following patients will need Creatinine/GFR lab work drawn 24-Hours prior to their MRI examination:

- *Any patient that has renal insufficiency*

PATIENTS UNDERGOING DIALYSIS ARE NOT TO BE INJECTED AT AIN

Please consult the MRI technologist with any questions.