





Patient Label

MRI – Patient Information

APPOINTMENT DATE: Referring Physician (print):_	ed):	Phone#	AM or PM				
Insurance:Authorization #:		_ Does Insurance require authorization? □ Yes □ No _ MCD Carolina Access#:					
				Is the visit Workman's Comp Related? Yes No		Authorization Number:	
					Please check	the type of exam:	
🗆 Abdomen	□ Lower Extremity	🗆 Brain	□ MRA				
🗆 Liver	🗆 Ankle 🛛 L or R	🗆 Brain + Orbits	Neck Vessels				
🗆 Kidneys	🗆 Foot 🛛 L or R	🗆 Brain + Pituitary	Intracranial Vessels				
🗆 MR Cholangiogram	🗆 Knee 🛛 L or R	(Sella)	(Circle of Willis)				
□ Other*	🗆 Hip 🛛 L or R	🗆 Brain + IACs	Extremity Vessels*				
🗆 Pelvis	□ Other*	🗆 TMJ	Abdominal Vessels				
🗆 Chest	🗆 Upper Extremity	🗆 Paranasal Sinuses	Pelvic Vessels				
🗖 Spine	🗖 Shoulder 🛛 L or R		🗆 With Contrast				
🗆 Cervical	🗆 Elbow 🛛 L or R	🗀 Breast*					
🗖 Thoracic	🗆 Wrist 🛛 L or R		□ X-ray Orbit for				
🗆 Lumbar	□ Other*		foreign body if history requires				

*Specify area of interest____

S	cheduling Check List	***Ask prior to scheduling exam**	
Heart Pacemaker	Y or N	Penile ProsthesisY or N	
Aneurysm Clip/Brain	Y or N	Surgery within last 6 weeksY or N	
Implanted Defibrillator	Y or N	Abdominal Aortic Aneurysm (AAA) SurgeryY or N	
Neurostimulator/TENS Unit	Y or N	Carotid SurgeryY or N	
Artificial Heart Valve	Y or N	Could You Be Pregnant?Y or N	
Heart Surgery	Y or N	Body PiercingsY or Market Statements	
Brain Surgery	Y or N	Allergy to Latex Y or M	
Shrapnel/Bullets		History of CancerY or N	
Breast Feeding	Y or N	TattoosY or M	
Cataract/Lens Surgery prior to 19	990 <u> </u>	Claustrophobic If yes, please order sedation Y or N	
Diabetes	Y or N	Metal in eyes and/or metal worker? Y or N	
Sickle Cell Anemia	Y or N	If yes, please order X-Ray Orbits above	
Kidney Disease	Y or N	Have you had recent blood work/"labs" performed? Y or N	
Hypertension	Y or N	If yes, where?	
Currently receiving chemotherap	yY or N	What kind?	
Breast Implant/Tissue Expander_	<u> </u>	Patient Signature with	
Joint Replacement	Y or N	Date/Time:	
Spine Surgery	Y or N	Technologist Signature with	
Metal Pins/Screws or RodsY or N		Date / Time:	