

Medical Associates of North Georgia
 320 Hospital Road, Canton, Ga 30114 (770) 479-5535

MRI PATIENT DATA SHEET

Patient Name: _____	DOB: _____	Insurance: _____
Phone: (h/c) _____ w) _____	Precert Req: ___ Yes - # _____ ___ No	

PLEASE ANSWER YES/NO FOR EACH ITEM BELOW (YOU MUST ANSWER ALL ITEMS):
If you have an implanted device you must also provide the date it was implanted and you must bring your device card with you to the MRI.

Pacemaker / Temporary Pacemaker	Intravascular Stent, Coil, Filter	
Aneurysm Clips: cerebral / aortic	Penile Implant	
Pregnant	Implanted Cardiac Defibrillator	
IUD Birth Control	Vascular Access Port	
Insulin Pump	Magnetic Implant	
Orbital or Eye Prosthesis	Surgical Clips or Staples	
Metal Heart Valves	Herrington Rods	
Orthopaedic Pins / Screws / Plates	Shunts	
External Hearing Aids	Neurostimulators	
Braces (Dental / Ortho)	Cochlear Implants	
Any Type of Prosthesis	Shrapnel	
Carotid Artery Vascular Clamps	Other:	

Have you ever been employed as a metal worker?

Please explain any YES answers:

Recent Surgery: _____

MOST RECENT GFR (for all contrast exams) _____ **Date** _____

MOST RECENT PATIENT WEIGHT: _____

AREA TO BE SCANNED (Circle ALL that apply)

BRAIN W/WO	C-SPINE W/WO
SOFT TISSUE NECK W/WO	THORAX W/WO
THORACIC SPINE W/WO	LUMBOSACRAL SPINE W/WO
UPPER EXTREMITY / JOINT W/WO	LOWER EXTREMITY / JOINT W/WO

Specific Area to be Scanned: _____ DX: _____

Is Patient Claustrophobic? _____ If YES, will pt require sedation? _____

Has an Rx for sedation been given to the patient? _____

A driver must be present with the patient if sedation is administered. Sedation may include, but is not limited to, oral medication prescribed by your physician.

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding any information presented to me on this form.

Patient Signature: _____ **Date:** _____

**Medical Associates of North Georgia
MAGNETIC RESONANCE IMAGING (MRI)**

PATIENT NAME _____
ACCT# _____

You have been scheduled for a MRI scan to be performed in our Radiology Department. If you find that you are unable to keep your MRI appointment, **you must notify the Radiology Department at least 24 hours in advance.** Please call 770-479-5535, extension 222.

If you fail to contact the office as required, **a charge of \$200.00 will be assessed. You will be responsible for payment of the charge.** Insurance coverage does not apply.

I have been informed of the above policy and I agree to be responsible to abide by the cancellation procedure, or bear the burden for payment of any charge assessed.

Patient /Guarantor Signature

Date

MRI INSTRUCTION / INFORMATION SHEET

Magnetic Resonance Imaging (MRI)

MRI uses a powerful magnetic field and radio waves to create an image without radiation. It provides excellent soft tissue and bone detail. Some cases require an intravenous injection or an arthrogram in conjunction with the scan.

Length of Procedure:

Exams on the OPEN MRI require 60 minutes.

Preparation prior to procedure:

No special preparation is needed. However, patients with pacemakers, cerebral aneurysm clips and internal neurostimulators cannot be scanned. Before an exam, you may be requested to change into a gown and remove all metal.

If you think you may be pregnant, please inform your physician or the technologist before your exam.

If you have a known contrast allergy or kidney disease, please contact your physician or the imaging location where you are having your exam as soon as possible.

Post-exam instructions:

You can resume normal activities right away. If you were given contrast, it will pass naturally through your body within a day. There are no side effects associated with this exam.