



MAGNETIC RESONANCE IMAGING (MRI)

Patient Name: EPSTEIN, JEFFREY MRN #: 0315192 Exam Code: MRCLAVL
Age: 65 Years Sex: M Height: Feet Inches Weight: lbs Exam Date: 06/05/2018
Referring Physician: MOSKOWITZ, BRUCE W. M.D. M.D. Acc# 7156124

IMPORTANT: Please notify the receptionist if you answer "YES" to any of the questions below. The receptionist will inform the technologist/radiologist of your response.

YES NO
[Grid of checkboxes for YES and NO columns]

PLEASE CHECK:
Have you had metal removed from your eyes?
Have you been shot with bullets, BB's or shrapnel?
Are you pregnant?
Are you nursing?
Are you on hemodialysis or peritoneal dialysis?
Do you require oxygen or an inhaler?
Do you have renal disease? If yes please describe
Are you wearing any metallic items?
Any surgery on the area to be imaged? If yes, when?
Any surgery on your eyes, ears brain or heart?
Have you had a Colonoscopy and/or Endoscopy within the last 6 weeks?
If yes, date of exam

YES NO
[Grid of checkboxes for YES and NO columns]

DO YOU HAVE ANY OF THE FOLLOWING IN YOUR BODY?
Brain/Aneurysm Clips
Pacemaker, Pacer Wires or Defibrillator if yes, make\ year
Any Metallic fragment or foreign body
Ear Implants or Hearing Aids
Electrical Stimulators
Implant/Prosthesis
Infusion Pumps
Coils, Catheters, Filters or Wires in blood
Artifical Limbs or Joint Replacement
Tattooed Eyeliner
Artificial Heart Valves
Stents If yes, please provide date of implant:
Magnetic Dental Implants
Transdermal Patches
IUD
Tissue expander for future implants
Bone Stimulators, Insulin Pumps, or Mechanical Valves
Programmable Shunts

WARNING: Before entering the MR room, you must remove all metallic objects including HEARING AIDS, DENTURES, CREDIT/BANK CARDS, watch, keys, cell phone, beeper, hair pins, barrettes, body piercing jewelry, money clips, magnetic strip cards, pens, pocket knife, and nail clipper. Please consult the technologist if you have any questions or concerns BEFORE you enter the MR room.

Signature: [Handwritten Signature] Print Name: JEFFREY EPSTEIN Date: 06/05/2018

Technologist's Use Only

Patient Complaint/Diagnosis:
Any previous imaging studies in this area? YES NO
If yes, where?
Technologist: Wet Reading YES NO Dr's Phone Number:

MRI Questionnaire 09-2013