



ALABAMA ORTHOPAEDIC  
SPECIALISTS, P.A.

**MRI PATIENT SCREENING**

Name \_\_\_\_\_ Date \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Physican \_\_\_\_\_

Patient # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_

Procedure \_\_\_\_\_

Diagnosis \_\_\_\_\_

Clinical History \_\_\_\_\_

	No	Yes
Have you ever had a surgical procedure of any kind? (If yes, please list all prior surgeries and approximate dates) _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
History of claustrophobia? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been injured by any metallic foreign body (e.g. bullet, shrapnel, etc. )? Is so, please describe _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had an injury to the eye involving a metallic object (e.g. metallic slivers, shavings, foreign body, etc.)? If so, please describe _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have anemia or diseases that affect your blood?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a history of renal disease, seizure, asthma, or allergic respiratory disease?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any drug allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a reaction to a contrast mediium for MRI/CT?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or do you suspect that you are pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Are you breast feeding?	<input type="checkbox"/>	<input type="checkbox"/>
Last menstrual period _____ Post-menopausal?	<input type="checkbox"/>	<input type="checkbox"/>

The following items may be hazardous or may interfere with the MRI examination by producing an artifact. Please indicate if you have any of the following:

	No	Yes
• Cardiac pacemaker	<input type="checkbox"/>	<input type="checkbox"/>
• Aneurysm clip(s)	<input type="checkbox"/>	<input type="checkbox"/>
• Implanted cardiac defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
• Neurostimulator	<input type="checkbox"/>	<input type="checkbox"/>
• Any type of biostimulator; specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
• Any type of internal electrodes (including pacing wires, cochlear implant, etc.):	<input type="checkbox"/>	<input type="checkbox"/>
• Implanted insulin pump	<input type="checkbox"/>	<input type="checkbox"/>
• Swan-Ganz catheter	<input type="checkbox"/>	<input type="checkbox"/>
• Halo vest or metallic cervical fixation device	<input type="checkbox"/>	<input type="checkbox"/>
• Any type of electronic, mechanical, or magnetic implant	<input type="checkbox"/>	<input type="checkbox"/>
• Hearing Aid or ear implant	<input type="checkbox"/>	<input type="checkbox"/>
• Any type of intravascular coil, filter, or stent (e.g. Gianturco coil, Gunther IVC filter, Palmaz stent, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
• Implanted drug infusion device	<input type="checkbox"/>	<input type="checkbox"/>
• Heart valve prosthesis	<input type="checkbox"/>	<input type="checkbox"/>
• Penile prosthesis	<input type="checkbox"/>	<input type="checkbox"/>
• Orbital/eye prosthesis	<input type="checkbox"/>	<input type="checkbox"/>
• Any type of implant held in place by a magnet	<input type="checkbox"/>	<input type="checkbox"/>
• Any type of surgical clip or staple(s)	<input type="checkbox"/>	<input type="checkbox"/>
• Vascular access port	<input type="checkbox"/>	<input type="checkbox"/>
• Intraventricular shunt	<input type="checkbox"/>	<input type="checkbox"/>
• Artificial limb or joint	<input type="checkbox"/>	<input type="checkbox"/>
• Dentures	<input type="checkbox"/>	<input type="checkbox"/>
• Diaphragm	<input type="checkbox"/>	<input type="checkbox"/>
• IUD	<input type="checkbox"/>	<input type="checkbox"/>
• Pessary	<input type="checkbox"/>	<input type="checkbox"/>
• Wire mesh	<input type="checkbox"/>	<input type="checkbox"/>
• Any planted orthopedic item(s) (i.e. pins/screws, clips, plates, wire, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
• Tattooed eyeliner	<input type="checkbox"/>	<input type="checkbox"/>

If any "yes" have been checked, the MRI may be contraindicated. The above information will be reviewed prior to your scan for a determination. You will need to remove eye make-up, dentures, hairpins, earrings, necklace, watches, hearing aids and glasses. 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 I have had the opportunity to ask questions regarding the information on this form and agree to participate in the study.

MD/RN/RT Signature \_\_\_\_\_

Date \_\_\_\_\_



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Your physician has ordered a MRI scan to help diagnose your condition.

MRI does not use x-rays or any type of ionizing radiation, but rather uses a strong magnetic field and radiowaves to make a series of pictures of your body. There is no definite proof that the strong magnetic field used in MRI is harmful and there have been no detectable side effects reported. For this reason, the Food and Drug Administration has approved the use of MRI for general head and body imaging, as well as some specialized uses.

Certain precautions, however, must be observed due to the high strength magnetic field. No metal objects may be taken into the room. You must inform the technologist if you have had surgery where metal objects such as aneurysm clips, heart valves, metal plates, joint prosthesis, etc. have been installed or if you have had any spine surgery. You must also inform the technologist if any part of your body, particularly the eyes, have ever been struck by metal. Dentures, bridges and other removable dental appliances may have to be removed. Also inform the technologist if you have artificial eyelashes or "tattoo" eyeliner (eye irritation has been reported by patients with permanent eye make-up).

The effects of high strength magnetic fields on an unborn fetus are not yet known. For this reason, pregnant women should be scanned only on the advice of their physician.

If indicated, a contrast agent may be injected into a vein in your arm or leg to better visualize certain structures in your body. This agent has proven to be extremely safe with little or no side effects. Your doctor is aware of the rare side effects which include headache, nausea/vomiting, dizziness, hives, eye irritation, etc. and, very rarely, respiratory and cardiac irregularities, and has determined the benefits of the contrast agent outweighs the risk involved.

I have read and understand the above statements and consent to the examination as explained. All of my questions have been answered to my satisfaction.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Person authorized to sign for patient: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of Technologist: \_\_\_\_\_



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**AUTHORIZATION FOR CONTRAST INJECTION FOR ANY STUDY REQUIRING CONTRAST MATERIAL**

I, \_\_\_\_\_, DO HEREBY AUTHORIZE AND GIVE MY CONSENT FOR THE STAFF OF AOS MRI DEPARTMENT TO ADMINISTER TO ME THE NECESSARY INJECTION OF THE CONTRAST FOR MY EXAM.

\_\_\_\_\_ I **HAVE HAD** CONTRAST MATERIAL IN THE PAST AND WAS NOT ALLERGIC TO IT AT THAT TIME.

\_\_\_\_\_ I **HAVE HAD** CONTRAST MATERIAL IN THE PAST AND WAS ALLERGIC TO IT.

\_\_\_\_\_ I **HAVE NEVER HAD** CONTRAST MATERIAL USED FOR IVP'S, CT SCANS, VENOGRAM OR ARTERIOGRAMS.

**I UNDERSTAND THAT THIS CONTRAST (LIKE MANY DRUGS) MAY CAUSE ALLERGIC REACTION.**

DO YOU OR HAVE YOU HAD ASTHMA? YES NO

HAVE YOU EVER BEEN DIAGNOSED/TREATED FOR ANY TYPE OF CANCER? YES NO

HAVE YOU EVER HAD A BONE SCAN? YES NO

IF SO, WHERE? \_\_\_\_\_

ARE YOU ALLERGIC TO ANY MEDICINES THAT YOU KNOW OF? YES NO

PLEASE, LIST MEDICINES YOU ARE ALLERGIC TO: \_\_\_\_\_

\_\_\_\_\_  
PATIENT'S SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN/AUTHORIZED MINOR CUSTODIAN

TYPE EXAM: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

REASON FOR EXAM: \_\_\_\_\_

CONTRAST TYPE: \_\_\_\_\_

CONTRAST VOLUME: \_\_\_\_\_

INJECTION TIME: \_\_\_\_\_

INJECTION SITE: \_\_\_\_\_

REACTION: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

TECH: \_\_\_\_\_



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## MRI

### Frequently Asked Questions About MRI

**Why is this test important?**

MRI allows doctors to see images of your internal organs and structures in great detail from many angles. This gives them information more quickly, and in many cases more economically, than past tests and exploratory surgeries.

**Will it hurt?**

No. Since MRI is “non-invasive”, the exam is painless. However, your doctor may utilize a contrast agent to better visualize a part of your anatomy. If this is the case, you may receive a simple shot prior to or during the exam.

**Will I feel anything?**

No, but you will hear a loud knocking or buzzing sound at various intervals throughout your exam. Other than that, you won't feel a thing.

**Does the machine use X-rays?**

No. MRI uses a powerful magnet in conjunction with radio frequency waves to generate images of your internal organs and structures. There is no ionizing (X-Ray) radiation.

**Will I fit?**

There are very few patients who cannot be comfortably accommodated for an MRI exam.

**Is the machine open at both ends?**

Yes. All MR systems are open at both ends but some also have wider openings on the sides.

**Will my head stick out?**

That will depend on your height and what part of your body is being scanned. The part that is being imaged is in the middle of the magnet. For example, if your ankle is being scanned, your head will be outside of the MR scanner. If it is your head, neck, or chest is scanned, your head will be inside of the scanner.

**I'm having a head scan. Can I see outside the magnet during my exam?**

Yes. Our MRI system uses a special mirror arrangement to allow you to see outside the magnet at all times.

**Will I be claustrophobic?**

Most people have no reaction at all. However, If you have had claustrophobic reactions to enclosed spaces before, you should let the technologist know. Even if you are uncomfortable in small spaces, staff members can help you complete the study.

**Will I be alone?**

You will be in contact with a technologist at all times. Even when he or she is not in the MRI room, you will be able to talk to him or her by intercom. The technologist is always able to see you through a large patient viewing window. In some cases a friend or family member may stay in the scan room with you during your exam. Please consult your MRI facility to learn of their policy on this matter.

**Does the machine make a lot of noise?**

The magnet makes a knocking sound as images are being taken. In between scans the machine is quiet. Ear plugs should be available to you for your exam and their use will not prevent you from hearing the technologist if he or she speaks to you during the exam. Some MRI facilities also have MR compatible stereo sound systems. When you arrive for your procedure, ask the technologist if a stereo sound system is available.

**Do I have to hold still the whole time?**

You do have to remain as still as possible, but the time passes quickly. Moving during the procedure may require repeating parts of the exam so it is best to try to remain as still as possible for the best exam results.

**How long will the exam take?**

That will depend on what is being studied, but a typical exam lasts between 30 and 60 minutes. You should always allow extra time in case the exam lasts longer than expected.

**Will my insurance cover the cost of the exam?**

Most insurance plans will reimburse the cost of most MRI exams. To find out if your insurance plan covers the specific MRI exam you will be having, contact your personnel office or insurance agent.

**Are there things that will prevent me from being scanned?**

Some patients with metal implants cannot be safely scanned in the MR environment. People with pacemakers, aneurysm clips, especially in the brain; and neurostimulators generally cannot be scanned. Anyone with surgical pins, shrapnel, plates or other type of metal implants should notify the technologist. You will be required to provide a health history when you arrive for your exam explaining any metallic implants you may have. A doctor will determine if a particular metal implant is approved to be in an MR environment.