



*"High Resolution Imaging on a High Field Strength,
OPEN Bore Magnet,
.....All of the time."*

"Because our patients deserve the best."



Name _____ M / F Age _____ Weight _____ Date of Birth ____/____/____
Last name First name Middle initial sex Month Day Year

Marital Status: M / S / D / W Race: White / Black or African American / Asian / American Indian / Native Hawaiian / Other: _____

Address _____ Telephone (home) (____) ____ - ____
 City _____ Telephone (cell) (____) ____ - ____

State _____ Zip Code _____ Social Security #: _____ - ____ - ____ Employer _____

Body Part to be Scanned _____ Referring Physician _____

Reason for MRI and/or Symptoms _____

Who is the insurance subscriber (if not patient) ?
 _____ Date of Birth ____/____/____ Social Security #: _____ - ____ - ____
Last name First name Mth Day Year

If patient is a minor, who is the responsible party? _____
Last name First name

Address (if different) _____ Telephone (home) (____) ____ - ____
 City _____ State _____ Zip Code _____ Telephone (work) (____) ____ - ____



WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure. **Do not enter** the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist **BEFORE** entering the MR system room. **The MR system magnet is ALWAYS on. **IF YOU HAVE A PACEMAKER, BRAIN ANEURYSM CLIP, CARDIAC DEFIBRILATOR, OR SOME SPINAL STIMULATORS, YOU CAN NOT HAVE AN MRI!!**

1. Do you understand the warning written above. No [] Yes []
2. Have you had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)?
(PLEASE RESPOND YES, EVEN IF YOU HAVE HAD THE METAL REMOVED) No [] Yes []
3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? No [] Yes []
4. Have you had prior surgery or an operation of any kind? No [] Yes []
 If yes, please indicate the type of surgery:
 Type of surgery _____
 Type of surgery _____
5. Have you had a prior MRI? No [] Yes []
6. Have you experienced any problem related to a previous MRI examination or MR procedure? No [] Yes []
 If yes, please describe: _____
7. Date of last menstrual period: ____ / ____ / ____

Do you have any of the following:

- Yes No Aneurysm clip(s)*** **IF YOU ANSWER YES YOU CAN NOT HAVE AN MRI**
- Yes No Cardiac pacemaker)*** **IF YOU ANSWER YES YOU CAN NOT HAVE AN MRI**
- Yes No Implanted cardioverter defibrillator (ICD))*** **IF YOU ANSWER YES YOU CAN NOT HAVE AN MRI**
- Yes No Electronic implant or device
- Yes No Insulin Pump/ Implanted drug infusion device
- Yes No Neuro/ Spinal cord stimulator system)*** **IF YOU ANSWER YES YOU CAN NOT HAVE AN MRI**
- Yes No Cardiac loop recorder
- Yes No Internal electrodes or wires
- Yes No Bone growth/bone fusion stimulator
- Yes No Cochlear, otologic, or other ear implant
- Yes No Stent, Filter, or Coil
- Yes No Shunt (spinal or intraventricular)
- Yes No Any type of prosthesis (eye, penile, etc.)
- Yes No Artificial or prosthetic limb
- Yes No Electronic monitoring device(Ankle bracelet)
- Yes No IUD, diaphragm, or pessary
- Yes No Eye enlarging contacts
- Yes No Joint replacement (hip, knee, etc.)
- Yes No Bone/joint pin, screw, nail, wire, plate, etc.
- Yes No Metal fabric clothes (Tommy Copper-Lululemon)
- Yes No Tattoo or permanent makeup (*In last 6 weeks*)
- Yes No Concealed weapon (Must be left in vehicle)
- Yes No Other implant _____
- Yes No Hearing aid (*Remove before entering MR room*)
- Yes No Claustrophobia

Before entering the MR environment or MR system room, you , depending on what exam you are scheduled for, remove metallic objects including dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads. Please consult the MRI Technologist if you have any question or concern BEFORE you enter the MR system room. You will be required to wear earplugs or headphones during the MR procedure to prevent possible problems or hazards related to acoustic noise.

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure I am about to undergo. Furthermore, I give consent to the staff of **THE MRI CENTER @OSTC** to perform this MR procedure on me.

Signature of Person Completing Form: _____

Date ____/____/____

Is the reason for this MRI a result of a motor vehicle accident? Yes No If yes, have you contracted with an attorney? Yes No

PLEASE READ AND INITIAL

RELEASE OF INFORMATION (*This allows us to send a report of to your Doctor and/or insurance company*)

I authorize **THE MRI CENTER @OSTC** to release any medical information requested by other physicians or representatives of local, state, or federal agencies; insurance companies; or other organizations or entities as may be required by said representatives for treatment or payment of claims arising out of this procedure as are due **THE MRI CENTER @OSTC**.

FINANCIAL RESPONSIBILITY

I understand regardless of any assigned insurance benefits, I am responsible for the total charges for services rendered.

INSURANCE ASSIGNMENT (*This allows and directs your insurance company to pay us directly*)

In consideration of services received, I hereby assign and transfer to **THE MRI CENTER @OSTC** any benefits payable to or for my benefit under any medical insurance or any other insurance coverage.

RADIOLOGY BILL

I understand I will receive a separate bill for the reading of the MRI from Radiology Associates of Wichita Falls.

NOTICE OF PRIVACY PRACTICES

I acknowledge the Notice of Privacy Practices of Orthopaedic Associates/MRI Center @ OSTC was made available for me to read.

NOTICE CHANGE TO LIABILITY COVERAGE

I acknowledge, if I change to liability coverage(attorney), there will be a service fee added to my account balance.