

(patient label)

Date: ____/____/____

Check-in time: _____

STAT/Call Report:

Phone: _____

MRI

Arthrogram/MRI (cortisone?) Yes No

<input type="checkbox"/> Shoulder	R/L	<input type="checkbox"/> Cervical Spine (with / without gadolinium)
<input type="checkbox"/> Elbow	R/L	<input type="checkbox"/> Thoracic Spine (with / without gadolinium)
<input type="checkbox"/> Hip	R/L	<input type="checkbox"/> Lumbar Spine (with / without gadolinium)
<input type="checkbox"/> Knee	R/L	<input type="checkbox"/> Other:
<input type="checkbox"/> Ankle	R/L	History of Injury: _____
<input type="checkbox"/> Foot	R/L	Clinical Symptoms: _____
		ICD-9: _____

Has the patient had previous surgery in the region to be scanned? Yes No

If yes, please indicate date and type of surgery: _____
date type of surgery

Is patient claustrophobic? Yes No Medications ordered? Yes No

****If Yes, patient needs a driver****

STRONG CONTRAINDICATIONS

The following items are potentially hazardous for you or may interfere with the MRI examination by producing an artifact. Please indicate by circling if patient has any of the following.

Cardiac Pacemaker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cochlear Implant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Brain Aneurysm clips?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Neurostimulator/TENS unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever had metal in eyes or body?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, orbit x-rays are required prior to MRI scan.

PRECAUTIONARY INFORMATION

The following items (**) may interfere with imaging but are safe to image 6 weeks after implant. Documentation is necessary.

Metal Mesh **	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mechanical Implant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Valves **	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any Prosthesis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stents & Filters **	<input type="checkbox"/> Yes <input type="checkbox"/> No	Magnetic Implant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wire Sutures **	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vascular Clamps	<input type="checkbox"/> Yes <input type="checkbox"/> No
Orthopedic Implants **	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ocular Implants	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other (Please explain): _____

HOW TO GET HERE FOR YOUR APPOINTMENT

Please bring this referral slip with you at your time of appointment.

Driving Instructions:

We are located at 900 Terry between Madison and Marion in the Cabrini Center. This is the same building as Seattle Surgery Center. We are located on the first floor.

Parking:

Parking is available in the Cabrini Center lot. The entrance is on Marion between Terry and Boren.

Entry to the building is from the second floor of the parking garage. Go through the double doors on the west end of the garage and take the elevator to the first floor.



MRI SCAN PREPARATION/INFORMATION

- There are no eating or drinking restrictions prior to your MRI.
- Minors must be accompanied by a parent or guardian.
- If you are given sedation prior to your study, you **must** have an escort.
- Wear a jogging suit or other comfortable, metal-free clothing. Certain exams may require you to change into a gown or shorts.
- Do not wear any make up or eye shadow that contains metal flakes.
- If you work around metal, metal finishing or metal grinding, make sure you do not have metal slivers on your skin.
- You can expect your MRI exam to take 30-90 minutes.
- **Please tell the technologist if you are pregnant or have any of the following: cardiac pacemakers, surgical clips, any prosthesis, any metal objects in your body.**

When you enter the office, you will be escorted to a private interview room. We will ask questions regarding your medical history and explain the examination. Your personal belongings will be put into a locker. Anything that may be affected or attracted by the magnet should be put into the locker – wristwatch, all jewelry, cell phone, personal music device, credit cards, coins, keys, bobby pins, etc.

In the magnet scan room you will be assisted onto a padded table. For head/neck studies, there will be something placed over your head or neck area. The table will slide smoothly into the magnet opening. You need to remain as motionless possible during the exam. An MRI scan does not hurt. You will not feel anything. You will hear a series of drum beat sounds when the machine is acquiring images. An intercom system allows the staff to hear you when the machine is not making the drum noise. If you become uncomfortable at any point, speak up and the technologist will be right in to help you.

Once the study is complete, the technologist will assist you off the table and bring you back to the preparation room to collect your belongings. The images and written exam results will be returned to your referring physician. You will be called with your exam results by your referring physicians' office, or you will be asked to schedule a follow up office appointment with your referring physician.

Your physician has an ownership interest in the OPA MRI center. As with all your care, you may request to have your procedure performed at another location. Other locations which may be close to you include:

Virginia Mason Medical Center	(206) 624-1144
University of Washington Medical Center	(206) 598-3300
Group Health Cooperative	(206) 326-3000