

OFFICE USE ONLY
PREVIOUS MRI AT THIS FACILITY
YES NO
OP NOTE TO FOLLOW
YES NO

# PLEASE FILL OUR BOTH SIDES OF THIS FORM.

This information is used by our radiologist when reading your MRI.

Name: Last	First	D.O.B
Doctor ordering MRI:	Patient ID:	Date:
	If Work Comp: Date of Injury:	
-	ng scanned Y N (circle o	•
	area being scanned? Y N	
KNEE MRI	SHOULDER MRI	WRIST, HAND, ELBOW, FOOT,
If your are having Knee MRI Check all that apply.	If your are having a Shoulder MRI Check all that apply.	ANKLE OR SPINE MRI
☐ Right Knee ☐ Left Knee	☐ Right Shoulder ☐ Left Shoulder	Fill out this section. DESCRIBE YOUR PAIN:
☐ Sharp Pain☐ Dull Ache	<ul><li>□ Decreased Range of Motion</li><li>□ Sharp Pain</li></ul>	DESCRIBE YOUR PAIN:
☐ Burning ☐ Locking	□ Dull Ache □ Burning	
☐ Popping ☐ Clicking	☐ Grinding ☐ Numbness in Arm	
☐ Swelling	□ Swelling	
<ul> <li>☐ Weakness</li> <li>☐ Pain on the inside of leg</li> </ul>	☐ Weakness ☐ Trouble Lifting Arm	
<ul> <li>□ Pain on outside of leg</li> <li>□ Pain around Knee Cap</li> </ul>	□ Other	
□ Pain in the back of Knee □ Other		
		ORSP MR 1001

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☐ MRI Technologist ☐ Nurse ☐ Radiologist

**WARNING:** Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e. MRI, MR Angiography, Functional MRI, MR Spectroscopy). Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, devise, or object. Consult the MRI Technologist or Radiologist BEFORE entering the MR system room. The MR system magnet is ALWAYS on.

Please in	ndicate i	f you have any or the following:		
☐ Yes	☐ No	Aneurysm clip(s)		
☐ Yes	☐ No	Cardiac pacemaker	Please mark on th	
☐ Yes	☐ No	Implanted cardioverter defibrillator (ICD)	the location of any	
☐ Yes	☐ No	Electronic implant or device	inside of or o	n your body.
☐ Yes	☐ No	Magnetically-activated implant or device		
☐ Yes	☐ No	Neurostimulation system	d=,=b	, λ
☐ Yes	☐ No	Spinal cord stimulator		ς γ
☐ Yes	☐ No	Internal electrodes or wires		
☐ Yes	□ No	Bone growth/bone fusion stimulator	(,,,,)	$\langle \cdot, \cdot, \cdot, \cdot \rangle$
☐ Yes	☐ No	Cochlear, otologic, or other ear implant	/	$A \cap A \cap A \cap A$
☐ Yes	□ No	Insulin or other infusion pump	/-// ` `\/-\	$\lambda_{ij}\Lambda = \Lambda_{ij}\Lambda$
☐ Yes	☐ No	Implanted drug infusion device	/ // \\ \	(*)/ \(\)\
☐ Yes	☐ No	Any type of prosthesis (eye, penile, etc.)	/// °  \	1//- ~ [\ \
☐ Yes	☐ No	Heart valve prosthesis	611 115	$G_{i}$
☐ Yes	☐ No	Eyelid spring or wire		200 // WB
☐ Yes	☐ No	Artificial or prosthetic limb	RIGHT \ LEFT	LEFT RIGHT
☐ Yes	☐ No	Metallic stent, filter, or coil	\ /\ /	\ /\ /
☐ Yes	☐ No	Shunt (spinal or intraventicular)	)( )( )( )	)-(]-(
☐ Yes	□ No	Vascular access port and/or catheter	( )( )	( )( )
☐ Yes	☐ No	Radiation seeds or implants	\	\ /\ /
☐ Yes	☐ No	Swan-Ganz or thermodilution catheter	)	)-\ {-(
☐ Yes	☐ No	Medication patch (Nicotine, Nitroglycerine)	/ ( ) \	/ ( ) \
☐ Yes	☐ No	Any metallic fragment or foreign body		
☐ Yes	☐ No	Wire mesh implant	A INADODTANI	TINGTOUGTIONS
☐ Yes	☐ No	Tissue expander (e.g., breast)	Z!\ IMPURIAN	T INSTRUCTIONS
☐ Yes	☐ No	Surgical staples, clips, or metallic sutures		
☐ Yes	☐ No	Joint replacement (hip, knee, etc.)		environment or MR system
☐ Yes	☐ No	Bone/Joint pin, screw, nail, wire, plate, etc.		<u>L</u> metallic objects including
☐ Yes	☐ No	IUD, diaphragm, or pessary		ial plates, keys, beeper, cell
☐ Yes	□ No	Dentures or partial plates		ns, barrettes, jewelry, body
☐ Yes	☐ No	Tatoo or permanent makup		fety pins, paperclips, money
☐ Yes	☐ No	Body piercing jewelry		s, magnetic strip cards, coins,
☐ Yes	☐ No	Hearing aid		per, tools, clothing with metal
<b>—</b> 103	<b>-</b> 110	(Remove before entering MR system room)	fasteners and clothing with n	netallic threads,
☐ Yes	☐ No	Other implant	Diagram and the MDIT of	n ala sist an Dadiala sist if
☐ Yes	☐ No	Breathing problem or motion disorder		nologist or Radiologist if you
☐ Yes	□ No	Claustrophia		ern <b>BEFORE</b> you enter the
_ 103		•	MR system room.	
	No	OTE: You may be advised or required to wear e		
		the MR procedure to prevent possible problem	ns or hazardous related acous	tic noise.
		MRI Cancellations and Miss	sed Annointments	
Annointm	onts for	MRIs need to be canceled 24 hours in adv		in the annronriate time
		"no-show" for an appointment you will be		
Ji	ume or	no-snow for an appointment you witt be	chargea \$50.00 for missea	uppointments.
Lattest that	the abov	e information is correct to the best of my knowledg	e. I read and understand the co	ntents of this form and had the
opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.				
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Signature of	of Person	Completing Form:Signatur		Date/
Form Com	nleted By	r: Patient Relative Nurse Prin		
_ 0.111 00111	r I I I I I	Prin	nt Name	Relationship to Patient
Form Infor	mation R	eviewed By:Print Name		Signature

☐ Other \_



# Please use the following tips when preparing for your MRI GUNS ARE NOT ALLOWED IN THE MRI OR THIS BUILDING!!

# **Shoulder and Spine MRI**

• Women should wear a <u>sports bra</u>. Any bra with metal or underwire will have to be removed prior to exam.

# **Lumbar Spine/Hip MRI**

• Be sure to wear pants with **NO METAL** to your exam. If your pants do have metal on them, you will have to change clothes prior to your exam.

# All MRI Exams Including the Above:

- Be sure to wear clothing with little to no metal.
- Please leave jewelry at home, especially watches as the magnet can cause them to malfunction.
- No necklaces, earrings, or piercings of any kind should be worn in the magnet. Refusal to remove piercings is at your own risk and can also be detrimental to the quality of your exam.
- All metallic or electronic devices must be removed prior to having your exam.
- If there is any question about a device or implant placed within your body, please contact the doctor's office that performed the surgery to insure that it is MRI compatible **prior** to arriving for your MRI. Failure to do so may result in the rescheduling of your exam.
- A small lock box is provided for you to lock your valuables in during the exam (watch, wallet, keys, or cell phone).
- For the safety and privacy of our patients, we do not allow anyone to accompany patients into the scanner with the exception of a minor.
- Please be sure to complete the questionnaire front and back prior to arriving for your exam. This information is used by our radiologist when reviewing your MRI.
- Please arrive approximately 10-15 minutes prior to your exam as we run on a strict schedule. Be aware that any patient arriving later than 15 minutes will be asked to reschedule.
- If you have any questions regarding your exam, please call us at 864-208-8836.

#### **Patient Education**

Magnetic	Resonance	<b>Imaging</b>	(MRI)
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# **Magnetic Resonance Imaging (MRI)**

#### What is magnetic resonance imaging (MRI)?

Magnetic resonance imaging (MRI) is a special test that produces very clear, detailed pictures of the organs and structures in your body. The test uses a powerful magnetic field, radio waves,, and a computer to create images in cross-section. While an x-ray is very good at showing bones, an MRI lets your health care provider see structures made of soft tissue such as ligaments and cartilage and organs such as your eyes, brain, and heart.

#### When it is used?

Health care providers use MRI to see problems in the brain and spinal cord and to see the size and location of tumors. It can be used to examine joints and soft tissues. MRI is also helpful in diagnosing diseases and disorders of the eyes and ears.

Injuries show up as well on an MRI. For example, an MRI may show whether you have torn ligaments or torn cartilage in your knee and help your health care provider decide whether or not you need surgery. It is also useful for injuries involving the shoulder, back or neck.

#### How do I prepare for the procedure?

No special preparation is needed. You may eat normally and take any usual medicines. For the test, wear loose, comfortable clothing without metal fastenings such as zippers or clasps because metal will interfere with the test. Do not war jewelry. If you have any metal in your body (such as plates or screws from a previous surgery) tell your health care provider. If you have a pacemaker you may or may not be able to have an MRI, depending on the type of pacemaker. If you have any metal fragments in or around your eyes you cannot have an MRI because the test may injure your eyes. If you have anxiety or claustrophobia (difficulty with small or crowded spaces), let your provider know.

#### What happens during the procedure?

You lie down on a cushioned bed that moves into a tunnel-shaped magnet that is open on both ends. If you get nervous when you are in a small closed space your should talk to your health care provider about this before you have your MRI. He or she may be able to give you a medicine that will help your feel less nervous or may refer you to a site that has an open MRI scanner. You will have to be very still during the procedure so the pictures will not be blurry.

Sometimes you are given a shot of a fluid called gadolinium before getting an MRI. This causes any abnormal areas to become very bright on the MRI. This makes them easier to see.

Most MRIs are taken between 25 and 40 minutes. You will hear loud knocking and a whirring sound while the pictures are being taken. You will wear earplugs or music will be provided so that the noise doesn't sound so loud. You will be able to speak with the person doing the test through a sound system so you can let him or her know if you are having any problems.

When the test is over you may go home. Your health care provider will schedule a visit with you to discuss the results.

#### What are the benefits and risks?

An MRI is painless. There is no radiation. If you were given a shot of gadolinium, there is a chance you will have an allergic reaction, but this is vary rare.

Although there is no evidence that an MRI will hurt a baby during the first trimester of pregnancy, the National Radiological Protection Board recommends not using it at this time of pregnancy, MRI may be used safely later in pregnancy.

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# The Patient Protection and Affordable Care Act MRI Disclosure

In accordance with Section 6003 of the Patient Protection and Affordable Care Act signed into law on March 23, 2010, physicians with a direct or indirect financial relationship are required to disclose ownership interest in MRI, CT, or PET services to patients. The physician is also required to provide a written list of suppliers who furnish the same services in the area.

MRI services at Orthopedic Specialties of Spartanburg, LLC are directly and fully owned by Orthopedic Specialties of Spartanburg, LLC. Our patients are not required to obtain this service at Orthopedic Specialties, LLC. This service is also provided in Spartanburg County by Piedmont Imaging, Spartanburg Regional Healthcare System, and North Grove Imaging and InMed.

I understand that the purpose of this notice is to inform me of my rights pertaining to MRI disclosure under the Patient Protection and Affordable Care Act, section 6003.

### MRI Cancellations and Missed Appointments

Appointments for MRIs need to be canceled 24 hours in advance. If you fail to cancel in the appropriate time frame or "no-show" for an appointment you will be charged \$50.00 for missed appointments.

Patient Name:		
Patient Date of Birth:		
Patient (or Patient's Legal Representative) Signature	Date	