



Corona-Temecula Orthopaedic Associates
MEDICAL GROUP

MRI Questionnaire

Patient: _____ Date: _____

Date of Birth: _____ Height: _____ Weight: _____

History/Symptoms: _____

For your own safety, and to optimize the images, please answer the following questions:

Is there any possibility that you may be pregnant? Yes No

Do you work with metal or have metal fragments in your eyes?..... Yes No

Are you allergic to any medication(s) or contrast materials..... Yes No

Please indicate if you HAVE any of the following:

Pacemaker, defibrillator or pacer wires for your heart..... Yes No

Prosthetic heart valve Yes No

Electrodes, shunts, plates or aneurysm clips in your head..... Yes No

Vascular access port or catheter Yes No

Intravascular coils, filters or stents..... Yes No

Insulin pump, infusion pump or pain pumps..... Yes No

Cochlear, stapes or orbit/ear implants..... Yes No

Bone growth/fusion stimulator Yes No

Implanted neurostimulator Yes No

Metal or wire mesh implants..... Yes No

Artificial limb or joint..... Yes No

Metal rods, pins, plates or screws in a joint or bone Yes No

Bullets or shrapnel in your body Yes No

Any other implanted device..... Yes No

Tattoos, tattooed makeup, body piercing..... Yes No

Transdermal patches..... Yes No

IUD/Diaphragm Yes No

Implants held by a magnet Yes No

Please indicate if you HAVE EVER HAD any of the following:

Brain, ear, eye or head surgery Yes No

Vascular (vein) surgery Yes No

Bone or joint surgery..... Yes No

Before your MRI, please REMOVE reading glasses, shoes and ALL metal objects including:

- | | | | | |
|--------------|---------------------|-------------------|--------------|----------------|
| Hearing aid | Barrettes/hair pins | Safety pins/clips | Dentures | Cellular phone |
| Jewelry | Keys | Wallet | Pocket knife | Pager |
| Coins/change | Pens/pencil | Watch | Belt | |

If you have answered YES to any of these questions, OR if you are unsure of an answer, please speak to the technologist before proceeding with the MRI scan. Also, PLEASE remember to visit the restroom before your scan.

Patient Signature

Date

Technologist Signature

Date

Orbits Ordered: Yes No

Orbits Clear Yes No

Physician Signature

Date