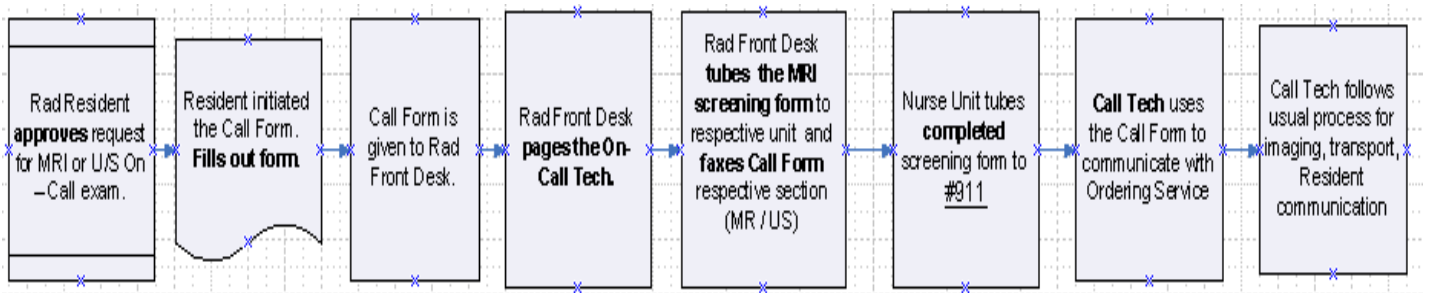


To be completed by Radiologist for US or MRI
Pt Name & Rm # / Location
Exam type (ex. MRI Brain, U/S ABD)
Indication / Reason for Exam
Ordering Physician & Pager #
SCREENING QUESTIONS FOR MRI
Any metal implants, from surgery accident or injury?
Does the patient weigh less than 300lbs.?
Does the patient have a pacemaker or implanted defibrillator? Yes / No
Is the patient on a ventilator?
Comments:
For Office Use Only
Date and Time Tech was called.
Tech name
Tech response time.
Front / Scheduler initials
Front Desk has gotten MRI Screening form filled out by unit and tubed to MRI #911.
MRI Fax 6-8097
Ultrasound Fax 60021



MRI AND ULTRASOUND TECH CALL FORM

Updated 4/17/2012