



YOUNGSTOWN
ORTHOPAEDIC
 ASSOCIATES

1499 Boardman-Canfield Road
 Boardman, OH 44512

6470 Tippetcanoe Road
 Canfield, OH 44406

330.758.0577 (phone)
 330.758.0466 (fax)
 www.youngstownortho.com

Your physician has requested a magnetic resonance imaging (MRI) scan to assist in diagnosing your condition. The MRI scanner does not use X-rays, but rather a magnetic field and radio waves to take pictures of your body. The MRI room contains a very strong magnet. Before you are allowed to enter, we must know if you have any metal in your body. Some metal objects can interfere with your scan.

Please answer the following questions.

Name: _____

Exam ordered: _____

Date of Birth: _____ Weight: _____ Sex: M ___ F ___

Ordering Physician: _____

Have you had a prior MRI, if so what facility? _____

Have you had prior surgery on the area we will be scanning? Yes No
 When/Date? _____

Is this a work related injury? Yes No If yes, when? _____

Certain items may interfere with the MRI procedure. It is very important to inform the MRI staff of any of the following: (please check mark for yes)

- Claustrophobic Cardiac pacemaker Cardiac defibrillator Artificial heart valve
- Vena Cava Umbrella Aneurysms clips Biostimulators Metallic Implants
- Hearing aid Ear implants (Cochlear) Eye implants Dentures
- Neurostimulators Penile prosthesis Tattoos or piercing Shrapnel
- Welding/Grinding Transdermal patches intravascular coils/stents
- IUD Pregnant

Do you have/have you ever had any of the following conditions: (Please check mark for yes)

- Cancer Diabetes Heart condition Renal condition
- Currently breast feeding Conditions affecting your blood Presently on oxygen

Have you ever had a previous reaction to gadolinium contrast? Yes No

Do you have asthma or emphysema? Yes No

I attest the answers I have provided to the questions on this form are correct to the best of my knowledge. I have read and understand the entire content of this form and have had the opportunity to ask questions regarding the information on this form, and give consent to perform MRI exam. Disclosure statement: Please be advised, Youngstown Orthopaedic Associates MRI unit is a physician owned and operated facility.

Signature/Date _____