

152922

ERLANGER WESTERN CAROLINA HOSPITAL

MAGNETIC RESONANCE (MR) PROCEDURE SCREENING FORM



1941926 152922 P/T-O/P
 HARLOW JEFFREY A M 62
 LOWRY DAVI
 IRWIN JILL 12/14/22 B/D 11/07/60

Patient MR Number _____

Age _____ Height 5'10" Weight 150Reason for MRI and/or symptoms Low back painReferring Physician David Lowry1. Have you had a prior surgery or an operation of any kind Yes ☒ No ☐

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

Date 5/16/2022 Type of surgery Lt Hip - multiple fx Hernia - 2022
 Date 1/2010 Type of surgery Rib Neck Surgery repair

2. Have you had prior exam (MRI, CT, Ultrasound, X-ray, Nuc. Med, etc. relevant to

Current condition? No ☐ Yes ☒

If yes, please list: Body Part Date Facility

MRI Dr. David Lowry

CT/Cat Scan _____

X-ray Lumbar & Lt Hip

Ultrasound _____

Nuc. Med _____

Other _____

3. Have you experienced any problem related to a previous MRI exam? No ☒ Yes ☐

If yes, please describe: _____

4. Have you had an injury to the eye involving a metallic object or fragment No ☒ Yes ☐5. Have you ever been injured by a metallic object or foreign body No ☒ Yes ☐

If yes, please describe: _____

6. Are you currently taking or have you recently taken (within the last week) No ☐ Yes ☒

any medication or drug? If yes, please complete Home Medication/Allergy list.

7. Do you have any allergies? No ☐ Yes ☒8. Do you have a history of asthma, allergic reaction, respiratory disease, or reaction to a contrast medium or dye used for an MRI, CT, or Xray exam No ☐ Yes ☒

9. Do you have anemia or any disease(s) that affects your blood, a history of renal (kidney) disease, kidney failure, kidney transplant, high blood pressure, liver disease or seizures?

If yes, please describe: _____ No ☐ Yes ☒10. Are you or could you possibly be Pregnant? No ☐ Yes ☒

GADOLINIUM

The Radiologist may deem it necessary to give you an I.V. injection of a contrast liquid containing gadolinium to improve the quality of your exam. Although gadolinium contrast agents have been used safely in millions of patients, minor reactions occur to 2% of patients, and serious or life-threatening reactions have been reported in 1 in 400,000 patients.

PATIENT/GUARDIAN SIGNATURE _____

DATE _____

LOT # _____

EXP DATE _____

GIVEN BY/LOCATION _____

12/14/2022, 3:33:40 PM

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WARNING!

THE QUALITY OF THIS IMAGE PRINTOUT MAY NOT BE ADEQUATE.
 IT SHOULD THEREFORE NOT BE USED FOR DIAGNOSTIC PURPOSES.