



# Patient Information Order Form for MRI Exams

**Instructions:** Fax Completed Form to: MCR Radiology (507) 284-5455, MCR Radiology Phone (507) 284-3254

Ordering Provider Name		Date (Month DD, YYYY)	
Phone		National Provider Identifier	
Patient Name		Age	Weight
Mayo Clinic Number	Birth Date (Month DD, YYYY)	Exam Date (Month DD, YYYY)	
MRI Exam Requested		<input type="checkbox"/> Contrast Per Radiologist Discretion <input type="checkbox"/> No Contrast Per Medical Condition	
Clinical Question to be Answered			
Technologist Contact Number			
Previous Studies for Comparison <input type="checkbox"/> Yes <input type="checkbox"/> No		List Dates and Exams	
Physician Signature			
Current Patient Signs and Symptoms (indication for exam)			

## Summary of Relevant Medical History

<b>Lab Values</b>	
Creatinine _____ Date _____	eGFR (MRI Only)
Calculators: <a href="http://mayoweb.mayo.edu/rad-nursing/mr-guidelines.html">http://mayoweb.mayo.edu/rad-nursing/mr-guidelines.html</a> (calculators at bottom of web page)	
Patient Factors Impacting Contrast Dosing	
<input type="checkbox"/> Yes <input type="checkbox"/> No On Dialysis	<input type="checkbox"/> Yes <input type="checkbox"/> No eGFR less than 30 mL/minute
<input type="checkbox"/> Yes <input type="checkbox"/> No Renal Transplant Recipient	<input type="checkbox"/> Yes <input type="checkbox"/> No Gadolinium Contrast material reaction
<input type="checkbox"/> Yes <input type="checkbox"/> No Oliguric or anuric within past 48 hours	
Past Medical/Surgical History	
Information Completed by	
<b>MRI Safety Screening Questions-Does the patient have any of the following?</b>	
<input type="checkbox"/> Aneurysm clip <input type="checkbox"/> Deep brain stimulator <input type="checkbox"/> Pacemaker/Implanted Cardiac defibrillator/retained pacemaker wires <input type="checkbox"/> Shunt-programmable ventricular <input type="checkbox"/> Pump-Intra-Thecal or other implanted device <input type="checkbox"/> Vagal nerve stimulator	
<b>If Yes, fax copy of patient's device information card to 507-266-0310 and call 507-538-9171,</b> and call the MRI Technologist at 507-538-9171 to discuss screening safety questions before the patient is scheduled.	
<input type="checkbox"/> None of the above	