



MRI/MRA IN-PATIENT FORM

Phone Extension 6311 | Fax 6053 | Tube #5

Please complete MRI screening form and fax or tube down to Island Imaging. Call Island Imaging (ext. 6311) and inform MRI technologist(s) of MRI request. Please have in-patient in a gown without any metal snaps. Remove all jewelry, hearing aids, and any removable dental work, prior to transporting in-patient down to Island Imaging.

PATIENT INFORMATION

Name _____ Date _____ Room _____

Code Status..... No Code Full Code

Patient on monitor?..... Yes No

Patient on vent?..... Yes No

Patient on oxygen?..... Yes No

Patient on IV pumps or other electronic
equipment or support devices?..... Yes No

Can patient be transported in a wheelchair?..... Yes No

Patient responsive?..... Yes No

Does patient have IV access?..... Yes No

TYPE OF MRI OR MRA

(Please specify what kind of MRI or MRA Physician is ordering)

MRI _____

MRA _____

IV contrast?..... Yes No Per Radiologist

DIAGNOSIS/REASON FOR MRI OR MRA _____

SIGNATURE OF PERSON COMPLETING FORM

Date