

ARKANSAS SPECIALTY MRI CENTER  
600 South McKinley , Suite 110  
Little Rock, AR 72205  
501-978-2192  
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MRI Screening Form

Patient Name \_\_\_\_\_  
DOB \_\_\_\_\_ (AGE) \_\_\_\_\_  
Medical Record # \_\_\_\_\_  
Area To Be Scanned \_\_\_\_\_

Is the patient claustrophobic? (please circle one) YES NO  
Sedation RX given? YES NO

Is the patient diabetic or does the patient have any renal problems? YES NO  
Is the patient over the age of 65? YES NO

**If the answer is yes to either of the questions above, and the patient is scheduled for a brain or any contrast study, the patient will need to be sent for labs/creatinine.**

Please check all that apply:

- \_\_\_\_ Lumbar surgery \_\_\_\_\_  
(Date)  
\_\_\_\_ Heart or Brain Surgery \_\_\_\_\_  
(Date and Type)  
\_\_\_\_ Surgery to area being scanned \_\_\_\_\_  
(Date)  
\_\_\_\_ Cardiac Pacemaker **Pt CANNOT have MRI**  
\_\_\_\_ Cerebral Aneurysm Clips **Pt CANNOT have MRI**  
\_\_\_\_ Metal Fragments Presently in Eyes **Pt needs screening films**  
\_\_\_\_ Gun or Shrapnel **Pt needs screening films**

\_\_\_\_ Artificial Implants or Devices  
**(i.e. penile, cochlear, cardiac stints, inferior vena cava filters, pain pumps, diabetic pumps, etc) We will need additional information on any of these devices prior to scanning, such as type, manufacturer, date implanted. All of these will have to be cleared before the patient can be scanned. Under most circumstances, the patient will carry a card on the implant.**

\_\_\_\_ Pregnant **this patient should only be scanned if deemed absolutely necessary and should be discussed with radiologist as well prior to scheduling**

Does patient's insurance require a pre-certification, pre-notification, or authorization?  
AUTH # \_\_\_\_\_

Physician Signature \_\_\_\_\_