

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
 FIRST NAME                      MIDDLE INITIAL      LAST NAME                      DATE OF BIRTH      PROCEDURE

WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

Briefly describe current symptoms and when they first occurred:

\_\_\_\_\_  
 \_\_\_\_\_

List all other tests you have had for this part of your body:

\_\_\_\_\_  
 \_\_\_\_\_

List any surgery you have had for this part of your body:

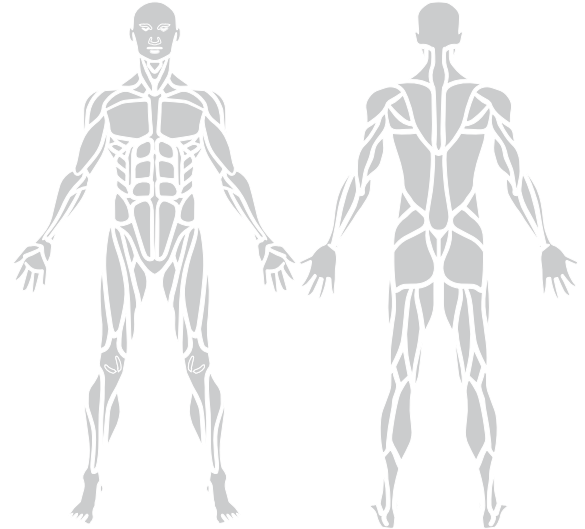
What: \_\_\_\_\_ When: \_\_\_\_\_

Where: \_\_\_\_\_

Patient is 60 or older?  Yes  No | Diabetic?  Yes  No

Patient on Dialysis?  Yes  No

History of renal diseases, failures or transplants?  Yes  No



ON THE ABOVE DIAGRAM, PLEASE SHADE IN ALL AREAS WHICH ARE AFFECTED BY YOUR CURRENT PROBLEM.

The following items can interfere with MRI imaging and some may be hazardous to your safety.

**PLEASE CIRCLE THE FOLLOWING:**

Pacemaker / Defibrillator	Y	N
Brain Chip	Y	N
Impanted Pump	Y	N
Neurotransmitter (Tens Unit)	Y	N
Hearing Aid / Ear Implant	Y	N
Eye Implant / Artificial Eye	Y	N
Heart Valve	Y	N
Coil / Filter / Stent	Y	N
Patch on Skin for Medication	Y	N
Any Rods, Screws, Pins in Bones	Y	N
Penile Implant	Y	N
Artificial Joint / Limb	Y	N
Have you ever been a Metal Worker?	Y	N
Have you been treated for Metal in the face or eyes?	Y	N
Bullet / Shrapnel	Y	N
Dentures / Dental Implant	Y	N
Body Piercing	Y	N
Location of Body Piercing:		

Swan - Ganz Catheter	Y	N
Vascular Access Portal	Y	N
Any Magnetic Implant	Y	N
Any personal history of cancer	Y	N
<i>Type of Cancer:</i>		
Are you Diabetic	Y	N
Do you have Sickle Cell Anemia?	Y	N
Any Kidney Disease	Y	N
Any Liver Disease (Hepatitis)	Y	N
Any Blood Disorders	Y	N
Allergies:	Y	N
Claustrophobic	Y	N
<b>FOR WOMEN ONLY</b>		
Are you pregnant?	Y	N
Are you Breast Feeding?	Y	N
I.U.D. or Diaphragm?	Y	N
Any Breast Tissue Expander?	Y	N
Date of Last Menstrual Period?		

\_\_\_\_\_  
 Signature of Patient                      Date

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Technologist Confirmation                      Date

**TECH NOTES:**

## MRI CONTRAST CONSENT FORM

MRI sometimes requires an injection of contrast material. MRI contrast is injected at the discretion of the radiologist.

MRI contrast (Gadolinium) is administered through a small needle in a vein. During the contrast administration, one may experience coolness in the arm. Some people say they can “taste” the contrast. These are normal sensations, and should be expected. Most people feel nothing during the contrast administration.

Although MRI contrast is quite safe, there is a slight risk of allergic reactions, as is the case with any medication. The physicians and staff in the MRI department are trained to respond to any emergency situation that may develop.

**Please answer the following:**

Are you pregnant?	YES	NO
Are you breast-feeding?	YES	NO
Do you have liver disease (Hepatitis)?	YES	NO
Have you had a liver transplant?	YES	NO
Do you have kidney insufficiency?	YES	NO
Do you have moderate or end-stage kidney disease?	YES	NO

I have read this form and have had my questions answered. I agree to proceed with the exam as requested by my physician.

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Printed Name

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Date

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Signature of Patient or Guardian

## IMAGING DISCLOSURE

The purpose of this disclosure is to inform you as our patient that under the Social Security Act section 1877 (also known as the Stark Law) you have the right to have your imaging studies done at a facility of your choice. This law applies to MRI, CT, and PET services identified by the list of CPT/HCPCS codes as “radiology and certain other imaging services.” We provide MRI and CT exams at NeuroSpine Institute. Below is a list of facilities in the area that can provide the same services.

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Below is a list of imaging providers within 25 Miles of NeuroSpine Institute:

**OIC University District**

1200 Hilyard Street, Suite 330  
Eugene, OR 97401  
Phone: 541-687-7134

**OIC at Riverbend Pavilion**

3377 Riverbend Drive, First Floor  
Springfield, OR 97477  
Phone: 541-334-7555

**Willamette Valley Imaging Center**

3003 North Delta Highway, Suite 303  
Eugene, OR 97408  
Phone: 541-344-9500  
Imaging Phone: 541-726-4462

**McKenzie Willamette Medical Center**

1460 G Street  
Springfield, OR 97477  
Main Phone: 541-726-4400

**OMG Imaging at Country Club Road Medical Center**

920 Country Club Road, Suite 100A  
Eugene, OR 97401  
Phone: 541-242-4162

I have thoroughly read and understand the information provided on this disclosure.

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Patient / Printed Name

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Patient Signature

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Date

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Guardian / Printed Name

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Guardian Signature

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Date

ATTENTION PROVIDER:

**NEUROSPINE IS NOW PROVIDING IMAGING SERVICES TO  
REFERRED PATIENTS.**

IF A PATIENT HAS NOT HAD AN MRI IN THE LAST 6 MONTHS AND IS BEING REFERRED TO OUR NEUROSURGEONS, AN MRI WILL BE NEEDED TO DETERMINE IF PATIENT IS A CANDIDATE FOR SURGERY.

PLEASE COMPLETE THE ATTACHED IMAGING ORDER AND WE WILL CALL TO SCHEDULE AN IMAGING APPOINTMENT WITH THE PATIENT. NSI WILL HANDLE PRE-AUTHORIZING INSURANCE.

UPON IMAGING REVIEW AND ACCEPTANCE, YOUR OFFICE WILL BE NOTIFIED AND PATIENT WILL BE SCHEDULED TO SEE THE NEUROSURGEON.