MRI

Kootenai Outpatient Imaging

PATIENT INFORMATION

Patient Name:_____DOB:_____

Phone#:_____

Parent name (if patient is a minor):_____

Please specify ICD-10 and narrative diagnosis:
(Do not use unspecified, rule out, probable, possible, suspected or routine)

REFERRING PROVIDER

Date:_____

Ordering Provider (PRINT):_____

Ordering Providers Signature:_____

CC Provider: _____

Phone: _____

☐ STAT: Immediate Fax_____

Provider number to contact for critical results:

_____

Please add any additional pertinent information/ details below for radiologist and technologist.

_____

_____

_____

☐ **No Sedation or Anesthesia**
☐ **Self-administered oral sedation (see *Form B*)**
☐ **General Anesthesia** Fax History & Physical to 208-625-6381****

MRI Safety Screening

If "Yes" Please fax a patient information card containing Model Number and Serial Number of the implant.

☐YES	☐NO	Pacemaker or Cardiac Defibrillator
☐YES	☐NO	Loop Recorder or other Cardiac Device
☐YES	☐NO	Heart Valve or Stent
☐YES	☐NO	Vascular Stent
☐YES	☐NO	Brain Aneurysm Clips
☐YES	☐NO	Brain Shunt
☐YES	☐NO	Deep Brain Stimulator (DBS)
☐YES	☐NO	Implanted Stimulator (Nerve, Spinal, Bladder or other)
☐YES	☐NO	Cochlear Ear or Staples Implant
☐YES	☐NO	Feraheme (Iron Infusion) in last 3 months
☐YES	☐NO	Implanted Device or Pump (gastric Reflux, Breast Expander, Penile, Other)
☐YES	☐NO	*Metal in eyes (*Needs screening orbit x-ray)

Screening Guidelines for General Anesthesia

For the patient that cannot complete an MRI exam with self-administered oral sedation (see *Form B*), general anesthesia services are available. The patient will be taken care of by **Anesthesia Associates of CDA**.

☐YES ☐NO 1) Did the patient previously fail oral sedatives?

☐YES ☐NO 2) Does the patient have pulmonary signs & Symptoms
- Oxygen saturation levels below 92% on room air at baseline
- Uses oxygen continuously at night
- Has difficulty breathing when lying supine

☐YES ☐NO 3) Does the patient have any involuntary movements / tremors? (Parkinson's, essential tremors)

☐YES ☐NO 4) Does the procedure(s) for which sedation is required likely to last longer than 3 hours

☐YES ☐NO 5) Is the patient under 18 years of age?

☐YES ☐NO 6) Does the patient have a BMI >50?

☐YES ☐NO 7) Does the patient experience severe pain of discomfort that would significantly interfere with their ability to hold still during the MRI procedure
- If YES, Please describe the severity & cause of the pain: _____

If you answered "No" to ALL questions, please schedule the MRI and provide the patient with a prescription for the recommended oral sedative. (see *Form B*)

If you have answered "YES" to any of questions 1-6, Please order the exam with General Anesthesia. It is the responsibility of the ordering provider to indicate general anesthesia on the order and schedule the exam accordingly.

If you answered "YES" to question #7, The Radiologist team will review to assess the need for anesthesia prior to scheduling. Imaging will reach out to office to schedule.

MRI- Magnetic Resonance Imaging

Radiologist Discretion will be used, unless you specify one of these three options
☐Without contrast ☐With & Without contrast ☐Arthrogram contrast

Head
- ☐ Routine
- ☐ Cranial Nerves (Brain)
- ☐ Orbits
- ☐ IAC (Brain)
- ☐ MS (Brain)
- ☐ Sella (Pituitary)
- ☐ Brain with quantitative Analysis (specialist only)
  Indication:_____
  _____

Neck
- ☐ Soft Tissue Neck

Body
- ☐ Chest
- ☐ Abdomen Routine
- ☐ Abdomen w/ MRCP
- ☐ Abdomen / Pelvis Enterography
- ☐ Pelvis (Bone)
- ☐ Pelvis (soft Tissue)
- ☐ Pelvis (Prostate CA)
- ☐ Breast w/ CAD evaluation
- ☐ Breast for implant evaluation
- ☐ Breast biopsy
- ☐ Cardiac
- ☐ Other:_____
  _____

Joint
- ☐ Shoulder R / L
- ☐ Elbow R / L
- ☐ Wrist R / L
- ☐ Hip R / L
- ☐ Knee R / L
- ☐ Ankle R / L

MRA- Magnetic Resonance Angiography
- ☐ Head (Arterial)
- ☐ Head (Venous)
- ☐ Neck
- ☐ Renal
- ☐ Other:_____

Extremity
- ☐ Brachial Plexus R / L
- ☐ Humerus R / L
- ☐ Forearm R / L
- ☐ Hand R / L
- ☐ Forefoot R / L
- ☐ Hindfoot R / L
- ☐ Midfoot (specialist only) R / L
- ☐ Toes R / L

Spine
- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Bone Marrow

PLACE PATIENT STICKER HERE

KootenaiHealth

To schedule please call | T: 208-625-6300 | F: 208-625-6381 | M-F 7am-5:30pm