

Highland Clinic MRI

1455 E Bert Kouns Industrial Loop Shreveport, LA 71105 Suite 103 Phone: (318) 798-4472

NAME: _____
DOB: _____ AGE: _____ WEIGHT: _____

For Office Use Only:

MRN: _____ MRI EXAMINATION(S): _____ DATE: _____

MRI PATIENT SCREENING QUESTIONNAIRE

Have you had prior surgery of any kind? YES NO

If yes, please indicate type of surgery: _____

Have you had an injury to the eye involving a metallic object (i.e. metallic slivers, foreign body)? YES NO

If yes, please describe: _____

Have you ever been injured by a metallic object or foreign body (i.e. BB, bullet, shrapnel, etc.)? YES NO

If yes, please describe: _____

Are you Claustrophobic: YES NO Do you have a sedative to take? YES NO

Female Patients:

Could you possibly be pregnant? YES NO

Date of last menstrual period: _____ Date of hysterectomy: _____

Are you post menopausal? YES NO

WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure.
Please **CHECK** yes or no to each of the following items.

	Yes	No		Yes	No
Brain aneurysm clip(s) or aneurysm coiling	<input type="checkbox"/>	<input type="checkbox"/>	Surgical mesh	<input type="checkbox"/>	<input type="checkbox"/>
Shunts	<input type="checkbox"/>	<input type="checkbox"/>	Surgical staples, clips, or metallic sutures	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac pacemaker (or pacemaker lead wires)	<input type="checkbox"/>	<input type="checkbox"/>	Artificial or prosthetic limb	<input type="checkbox"/>	<input type="checkbox"/>
Implanted cardioverter defibrillator (ICD)	<input type="checkbox"/>	<input type="checkbox"/>	Joint replacement	<input type="checkbox"/>	<input type="checkbox"/>
Artificial heart valve	<input type="checkbox"/>	<input type="checkbox"/>	Bone/joint pin, screw, nail, wire, plate, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Stent(s) (e.g. cardiac, carotid, renal, iliac, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Harrington rods	<input type="checkbox"/>	<input type="checkbox"/>
Inferior Vena Cava (IVC) filter	<input type="checkbox"/>	<input type="checkbox"/>	Hearing aids (Remove before scan)	<input type="checkbox"/>	<input type="checkbox"/>
Swan-Ganz or thermodilution catheter	<input type="checkbox"/>	<input type="checkbox"/>	Cochlear, otologic, or other ear implant	<input type="checkbox"/>	<input type="checkbox"/>
Vascular access port and/or catheter	<input type="checkbox"/>	<input type="checkbox"/>	Eye prosthesis/device/implant	<input type="checkbox"/>	<input type="checkbox"/>
Insulin or other infusion pump	<input type="checkbox"/>	<input type="checkbox"/>	Tissue expander (e.g. breast)	<input type="checkbox"/>	<input type="checkbox"/>
Transdermal medication patch	<input type="checkbox"/>	<input type="checkbox"/>	IUD	<input type="checkbox"/>	<input type="checkbox"/>
Electronic implant or device	<input type="checkbox"/>	<input type="checkbox"/>	Penile implant	<input type="checkbox"/>	<input type="checkbox"/>
Magnetically activated implant or device	<input type="checkbox"/>	<input type="checkbox"/>	Body piercings (Remove before scan)	<input type="checkbox"/>	<input type="checkbox"/>
Neurostimulator	<input type="checkbox"/>	<input type="checkbox"/>	Tattoo or permanent cosmetics	<input type="checkbox"/>	<input type="checkbox"/>
Spinal cord stimulator	<input type="checkbox"/>	<input type="checkbox"/>	Dentures or partial plates	<input type="checkbox"/>	<input type="checkbox"/>
Bone growth/bone fusion stimulator	<input type="checkbox"/>	<input type="checkbox"/>	Other implant: _____		

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MRI PATIENT SCREENING QUESTIONNAIRE

If you answered **YES** to any of the questions on the front page, please discuss any concerns and/or issues you may have, with your MR Technologist.

Instructions for the Patient, Parent, Guardian:

1. Remove **ALL** body piercing jewelry and **ALL** hair accessories.
2. Remove dentures, false teeth, partial dental plates, retainers.
3. Remove hearing aids and glasses.
4. Remove **ALL** clothing and change into a hospital gown.
5. Lock your clothes and valuables in the locker provided and remove the key.
6. Please use the restroom before your MRI exam.
7. Please make sure that you receive a pair of earplugs before your MRI exam begins.

I attest the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and I have had the opportunity to ask questions regarding the information on this form.

Patient/Parent/Guardian Signature

Technologist's Signature

Highland Clinic
MRI Contrast Form

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Patient Name: _____ DOB: _____ MRN: _____ Date: _____

Please circle "yes or no" to the following questions:

Yes No Are age 60 or greater?*

Do you have any of the conditions listed below? If yes, circle the conditions you have. *

High blood pressure Diabetes Kidney Disease

Yes No Are you on dialysis?

Yes No Do you have a single kidney?

Yes No Have you had a kidney transplant?

*Patients with a yes answer to the above questions will have a creatinine and GFR level reviewed from the last 30 days.

Yes No Have you ever had an MRI with contrast material injected into your veins?

Yes No If yes, did you experience any problems?

Please describe: _____

List allergies: _____

Yes No I have reviewed the contrast information sheet.

(Patient/Guardian Signature)

FOR MRI STAFF USE ONLY

Criteria for checking labs not met:

Bun: _____ Creatinine: _____ GFR: _____ Date of Labs: _____

IV Gauge: _____ IV Type: Butterfly Angio-cath Left Right Location: _____

Port: Standard Power

Contrast Type: _____ Injection Rate: _____ Injection Amount: _____

Lot Number: _____ Exp date: _____

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MRI Contrast Form

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MEDICATION GUIDE GADAVIST (gad-a-vist) (gadobutrol) Injection for intravenous use
What is Gadavist? <ul style="list-style-type: none">• Gadavist is a prescription medicine called a gadolinium-based contrast agent (GBCA). Gadavist, like other GBCAs, is injected into your vein and used with a magnetic resonance imaging (MRI) scanner.• An MRI exam with a GBCA, including Gadavist, helps your doctor to see problems better than an MRI exam without a GBCA.• Your doctor has reviewed your medical records and has determined that you would benefit from using a GBCA with your MRI exam.
What is the most important information I should know about Gadavist? <ul style="list-style-type: none">• Gadavist contains a metal called gadolinium. Small amounts of gadolinium can stay in your body including the brain, bones, skin and other parts of your body for a long time (several months to years).• It is not known how gadolinium may affect you, but so far, studies have not found harmful effects in patients with normal kidneys.• Rarely, patients have reported pains, tiredness, and skin, muscle or bone ailments for a long time, but these symptoms have not been directly linked to gadolinium.• There are different GBCAs that can be used for your MRI exam. The amount of gadolinium that stays in the body is different for different gadolinium medicines. Gadolinium stays in the body more after Omniscan or Optimark than after Eovist, Magnevist, or MultiHance. Gadolinium stays in the body the least after Dotarem, Gadavist, or ProHance.• People who get many doses of gadolinium medicines, women who are pregnant and young children may be at increased risk from gadolinium staying in the body.• Some people with kidney problems who get gadolinium medicines can develop a condition with severe thickening of the skin, muscles and other organs in the body (nephrogenic systemic fibrosis). Your healthcare provider should screen you to see how well your kidneys are working before you receive Gadavist.
Do not receive Gadavist if you have had a severe allergic reaction to Gadavist.
Before receiving Gadavist, tell your healthcare provider about all your medical conditions, including if you: <ul style="list-style-type: none">• have had any MRI procedures in the past where you received a GBCA. Your healthcare provider may ask you for more information including the dates of these MRI procedures.• are pregnant or plan to become pregnant. It is not known if Gadavist can harm your unborn baby. Talk to your healthcare provider about the possible risks to an unborn baby if a GBCA such as Gadavist is received during pregnancy.• have kidney problems, diabetes, or high blood pressure• have had an allergic reaction to dyes (contrast agents) including GBCAs
What are the possible side effects of Gadavist? <ul style="list-style-type: none">• See “What is the most important information I should know about Gadavist?”• Allergic reactions. Gadavist can cause allergic reactions that can sometimes be serious. Your healthcare provider will monitor you closely for symptoms of an allergic reaction. The most common side effects of Gadavist include: headache, nausea, and dizziness. <p>These are not all the possible side effects of Gadavist. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.</p>
General information about the safe and effective use of Gadavist. <p>Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. You can ask your healthcare provider for information about Gadavist that is written for health professionals.</p>
What are the ingredients in Gadavist? <p>Active ingredient: gadobutrol Inactive ingredients: calcobutrol sodium, trometamol, hydrochloric acid (for pH adjustment) and water for injection Manufactured for Bayer HealthCare Pharmaceuticals Inc. Manufactured in Germany © 2011 Bayer HealthCare Pharmaceuticals Inc. All rights reserved. For more information, go to www.gadavist.com or call 1-888-842-2937.</p>

This Medication Guide has been approved by the U.S. Food and Drug Administration.

4/2018