

MRI SPECIALISTS OF TULSA

GENERAL IMAGING HISTORY, SCREENING AND CONSENT FORM

Name: _____ Date: _____

Birth Date: _____ Age: _____ Weight: _____

Requested Exam: _____ Physician: _____

Sex: M / F Are you pregnant? Yes / No / ? / N/A

When was the **first** day of your last menstrual period? _____

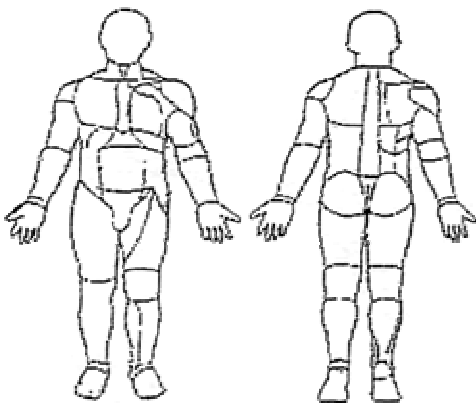
What birth control method are you using? _____

What is the reason that you are here today? Please explain your medical problem(s) in detail.

Have you had a previous exam related to this problem? Yes / No If yes explain where/when:

List all previous surgeries: _____

FRONT BACK
RT LT LT RT



Do you have pain? Yes No N/A

Draw on the figures where your pain and/or symptoms are located.

I have answered these questions to the best of my knowledge and understand the information that has been presented to me. I have also informed the technologist that **I am not pregnant at this time** and by giving my signature have given my consent to have the above listed exam performed by MRI Specialists of Tulsa.

SIGNATURE OF PATIENT / PARENT / LEGAL GUARDIAN

SIGNATURE OF TECHNOLOGIST

Tech Notes: _____
