



**«cost center desc»**

\*«Acct\_Num»\*

Account: «Acct\_Num»  
Office:

Appointment Date: «Date» Appointment Time: \_\_\_\_\_

I, \_\_\_\_\_ «Patient\_Name» am aware I am scheduled for a MRI of the

Areas to be scanned: \_\_\_\_\_

I am aware of the following:

- Each area of my body will take approx 45 minutes to one hour to be scanned.
- I must arrive 15 minutes prior to my appointment time, and failure to arrive on time may result in my appointment being rescheduled.
- Failure to keep my MRI appointment can delay my road to recovery and further treatment.
- My insurance company and my attorney will be made aware of all un-kept or rescheduled appointments.
- Before I leave my treating office today, I am to notify my treating office of the following:

<input type="checkbox"/>	If I have Braces (Applies to Brain and Cervical Spine Studies only)	<input type="checkbox"/>	If I have a COPPER IUD
<input type="checkbox"/>	If I am Claustrophobic	<input type="checkbox"/>	If I have Permanent Eyeliner
<input type="checkbox"/>	If I have a Pacemaker, Artificial Heart Valve, Insulin Implant, Medication Pump, Artificial Joint, Metallic Foreign Objects, Metal Splinter, Shrapnel etc.	<input type="checkbox"/>	If I can lay on my back (All studies except wrist, hand, elbow, which are performed while lying on the stomach)
<input type="checkbox"/>	If I had Cranial (Head) Surgery	<input type="checkbox"/>	If I have fresh (non-healed) tattoos
<input type="checkbox"/>	If I am Pregnant	<input type="checkbox"/>	If I have hairpins

Reviewing Staff Signature: \_\_\_\_\_  Reviewed

Tech Signature: \_\_\_\_\_  Reviewed

If I am given medication to take for this test, I am to take the medication 2 hours before my appointment and if I am given a second pill it must be taken upon arriving for the test. I must be accompanied by someone to drive me home or arrange for a taxi. I am aware that I cannot take any other type of public transportation (other than a taxi). I am aware that the medication needs to be filled at a pharmacy.

I am aware that my family or friends cannot be with me in the MRI room and the office cannot provide childcare during my MRI.

I am aware it is my responsibility to call my treating office or the MRI office at (410) 444-2000 (Overlea) or (240) 296-1112 (Hyattsville) at least 24 hours in advance if I cannot keep my MRI appointment.

Patient's signature: \_\_\_\_\_ Date: \_\_\_\_\_

We have two MRI locations, Overlea and Hyattsville.

The Overlea MRI office is located at 6660 Belair Road, in Overlea at the intersection of Belair Road & Fleetwood Ave. We are 7 traffic lights, on the right, off of Beltway (695) Exit 32-A. We are in between Rosedale Fed. Savings & Loan and a Qwik Mart and directly across the street from a Pizza Hut.

The Hyattsville office is located at 7503 Annapolis Rd.(MD Route 450) near the intersection of Annapolis Road and Veterans Parkway (MD Route 410), between the Taco Bell and the Bank of America building.