



17150 Euclid Street, Suite 101
Fountain Valley, California 92708

MRI-PET-CT

PRE SCAN PATIENT INFORMATION SHEET

Patient Name: _____ Chart No. _____

Weight: _____ Height: _____ Date of Birth: _____ Sex: M () F ()

Physician Name: _____ Exam: _____

Physician Phone: _____ Insurance: PI () W/C () Ins ()

Please answer completely

DO YOU HAVE:

YES NO

- Pacemaker () ()
- Brain Aneurysm () ()
- Ear Implants () ()
- Stents () ()
- Dentures or partial plates () ()
- Metal in eyes () ()
- Mechanical Implants () ()
- Medication Pump () ()
- Spinal Stimulator () ()
- Surgical or Vascular clips () ()
- Are you pregnant? () ()
- Kidney failure/problems () ()

Date of Injury: _____ Work related: Y N Auto Accident: Y N

Have you had any surgeries? If yes, please explain: _____

Please explain any symptoms that you have now: _____

Have you had previous MRI scans? _____

Have you had x-rays taken? _____

If you have any other questions or concerns please direct them to the technologist

Signature: _____ Date: _____



PATIENT INFORMATION SHEET

Chart No. _____
Scan _____
Insurance _____

Date and Time of Appointment: _____

PATIENT INFORMATION

Patient Name: _____
Driver's License No. _____ SS Number: _____
Address: _____ Area of Injury: _____
City, State Zip: _____ Date of Birth: _____
Telephone (Home): _____ Telephone (Work): _____
Emergency Contact Name _____ Telephone _____

EMPLOYER AND ATTORNEY INFORMATION

Employer at the time of Injury: _____ Telephone: _____
Address: _____
Attorney Name: _____ Telephone: _____
Address: _____

REFERRING SOURCE

Doctor: _____ Chiropractor: _____
Name of Ref Source: _____ Telephone: _____
Address: _____

WORK COMP INSURANCE INFORMATION

Subscriber Name _____ Subscriber SS#: _____
Carrier _____ Date of Injury: _____
Carrier Address _____
Carrier Telephone _____ Claim No _____
Authorized By _____ Comments _____

I authorize payment of medical benefits to Orange County MRI for medical services
Signature: _____

I also authorize release of medical information to process any claims
Signature: _____ Date: _____