HOW TO PREPARE FOR MY MRI

ATTENTION

- If you have a pacemaker you CANNOT have an MRI.
- You may not be able to have an MRI if you have any:
  - Aneurysm clips
  - Ear implants
  - Stents/Coils/Valves
  - Implanted minotir
  - Neurostimulator
  - Pregnant
- Please call us if you have any of the above.

PREPARATION

- You may want to wear comfortable clothing that contains no metal such as zippers, snaps, or buttons.
- We do offer gowns and shorts if needed.
- Please remove any piercings before your appointment.
- You can eat, drink, and take your regular medications.

FOR YOUR CONVENIENCE

- We do offer Valium to our patients that are claustrophobic. You will need to arrive 1 hour prior to your scheduled exam and have a driver. Please contact us if you would like to schedule with Valium.
- Music available or you can bring an iPod, CD, MP3
- Early and late appointments

ABOUT MY APPOINTMENT

- You do not need a driver unless you are taking Valium.
- Plan on your MRI taking 45 minutes for each body part and arthrograms taking 1-1/2 hours.
- Please take your pain medication if needed 1 hour prior to exam.

AFTER MY APPOINTMENT

- Your doctor should receive your results within 24 hours after your apointment.
- You will receive only one bill for your MRI. This bill will include the radiologist interpretation.
- If you need to check out films or CD please give us 24 hours notice.

OUR RADIOLOGIST

- Ken Coffey, M.D. is a board certified diagnostic radiologist with fellowship training in MRI/CT.
- More than 20 years of experience in MRI

825 E. Robinson
Norman, OK 73071
PH: 447-6000
FAX: 364-0278

SPECTRUM IMAGING

APPT DATE:_____
CHECK IN:_____AM/PM
DRIVER NEEDED Y or N

PATIENT INFORMATION

PATIENT NAME: _____ M OR F

PATIENT PHONE:_____ DOB:_____

CLAUSTROPHIBIC: ☐ Yes ☐ No NEED VALIUM: ☐ Yes ☐ No

ANY METAL IN PATIENT'S BODY? ☐ Yes ☐ No

IF SO, WHAT AND WHERE?_____

PHYSICIAN ORDERS

MRI ARTHROGRAM X-RAY

EXAM: _____

CONTRAST: ☐ Yes ☐ No IF YES, SEND RECENT LAB WITH GFR LEVELS

DIAGNOSIS: _____

_____

PHYS SIGNATURE: _____

PHYS NAME (PRINTED):_____

CONTACT PERSON: _____PHONE:_____

PLEASE SEND ANY PREVIOUS FILMS/REPORTS WITH PATIENT

CD ☐ FILMS ☐ FAX REPORT ☐ Yes ☐ No

CALL AND SCHEDULE WITH PATIENT? ☐ Yes ☐ No