



MAIN - EAST OFFICE
9828 E. SHANNON WOODS, SUITE 100
WICHITA, KANSAS 67226

WEST OFFICE
14700 W. ST. TERESA, SUITE 120
WICHITA, KANSAS 67235

PHONE: (316) 631-1600
FAX: (316) 631-1617

WWW.AOAORTHO.COM

Patient Name: _____ Date of Birth: _____

Before Scan Preparations:

- Service animals cannot attend the MRI with you.
- Please schedule child care arrangements for your scan.
- Avoid wearing lotion or any products containing glitter.
- Leave all jewelry at home; permanent jewelry must be removed before the MRI.
- Remove Dexcom, diabetic sensors, and medication patches before your scan.
- Arrive at least 30 minutes before your MRI appointment.
- Remove all metallic objects before entering the MRI suite, including:
 - Hearing aids, keys, pagers, cell phones
 - Hairpins, hair extension attachments, barrettes, metal body piercings,
 - Watches, safety pins, paperclips, money clips
 - Credit cards, coins, pens, pocket knives, nail clippers, tools

If you have an unmet high deductible over \$1,000, AOA requires a \$500 deposit at the time of your MRI. To set up a payment plan, please contact the AOA Accounting Department. Failure to attend your scheduled MRI appointment or cancel with less than 24 business hours' notice may result in a \$100 no-show fee.

Your MRI is scheduled at AOA on: _____
Please arrive at least 30 minutes before your MRI appointment time.

PRE-SCREENING, SCANNING AND SAFETY INFORMATION

Patients with the following require pre-screen clearance. Implants or artifacts containing metal are subject to review and could be turned away from AOA.

If any of the following apply to you, please call the office to discuss this before your appointment.

SCANS CAN TAKE AROUND 30 MINUTES*

Not able to be scanned at AOA:

- Cardiac pacemaker
- Brain aneurysm clips
- Cochlear implant
- Pregnancy

Requires Approval or Provider Authorization:

- Any type of non-removable electronic implants or devices
- History of intra-orbital metal (may obtain an orbital x-ray and be cleared by a physician before being scanned)
- Recent (within last 6 wks.) surgery that involved clips, staples, coils, filters, or stents
- Tattoo in the last 6 weeks.

SAFETY INFORMATION: For questions regarding MRI safety and screening, you can find an abundance of information at www.mrisafety.com. Feel free to call our office at 316-631-1600.

Note: The AOA MRI machine is owned and operated by the Physicians of Advanced Orthopaedic Associates. Other MRI sites near our office include Kansas Surgery and Recovery Center (316-634-0090), The Imaging Center at Cypress (316-858-5200), and Akumin Premier MRI of Wichita (316-687-1674). This disclosure is for your information. This is not an endorsement of any other facilities, nor is it a statement related to insurance coverage of scans at other facilities.

MRI Screening Questionnaire

Date: _____ Name: _____ DOB: _____ HT: _____ WT: _____

1. Have you had prior surgery or an operation on the are being scanned? ☐ Yes ☐ No ☐ Male ☐ Female
If yes, please indicate the date and type of surgery

Date: _____ Type of surgery _____

Date: _____ Type of surgery _____

2. a. Have you had an injury to the eye involving a metallic object or fragment ☐ Yes ☐ No
 (e.g. metallic silvers, shavings, foreign body, etc.)?
 b. Has any other body part had a penetrating injury by a metallic object or foreign body ☐ Yes ☐ No
 (e.g. bullet, shrapnel, etc.) ?

For Female Patients

3. a. Are you pregnant, or is there a possibility of you being pregnant? ☐ Yes ☐ No
 b. Are you currently breastfeeding? ☐ Yes ☐ No

Please indicate if you have any of the following:

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Aneurysm clip(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No Radiation seeds or implants |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Pacemaker or defibrillator (ICD) | <input type="checkbox"/> Yes <input type="checkbox"/> No Medication patch
(nicotine, nitroglycerin, etc.) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Any metallic fragment or foreign body | <input type="checkbox"/> Yes <input type="checkbox"/> No Wire mesh implant |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Electronic implant or device | <input type="checkbox"/> Yes <input type="checkbox"/> No Metal tissue expander (e.g. breast) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Joint replacement (hip, knee, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No Surgical staples, clips, or metallic sutures |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Neurostimulator device
(e.g. spinal cord stim) | <input type="checkbox"/> Yes <input type="checkbox"/> No Bone/joint pin, screw, nail, wire, plate, etc. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Internal electrodes or wires | <input type="checkbox"/> Yes <input type="checkbox"/> No IUD, diaphragm, pessary |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Bone growth/bone fusion stimulator | <input type="checkbox"/> Yes <input type="checkbox"/> No Dentures or partial plates |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Cochlear, otologic, or other ear implant | <input type="checkbox"/> Yes <input type="checkbox"/> No Tattoo or permanent makeup
<i>Cannot be scanned if you have been tattooed within 6 weeks.</i> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Implanted drug infusion pump
(e.g. insulin) | <input type="checkbox"/> Yes <input type="checkbox"/> No Body piercing
<i>Must be removed for your scan.</i> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Any type of prosthesis (eye, penile, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing Aid
<i>Must be removed for your scan.</i> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Heart valve prosthesis | <input type="checkbox"/> Yes <input type="checkbox"/> No Breathing problem or motion disorder |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Eyelid Spring or wire | <input type="checkbox"/> Yes <input type="checkbox"/> No Claustrophobia |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Artificial or prosthetic limb | <input type="checkbox"/> Yes <input type="checkbox"/> No Other implant: _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Metallic stent, filter, or coil | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Shunt (spinal or intraventricular) | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Vascular access port and/or catheter | |

IMPORTANT INSTRUCTIONS: Please remove all metallic objects before entering the MRI room. This includes: hearing aids, beepers, cell phones, keys, eyeglasses, hair pins, hair extensions with metal, barrettes, jewelry, ear/body piercings, watches, safety pins, paperclips, money clips, magnetic strip cards (credit cards, etc.), coins, pens, pocket knives, nail clippers, steel-toed shoes, and tools.



WARNING: The MRI magnet is ALWAYS ON. Certain implants, devices, and other objects can be hazardous to you or interfere with the MRI study. DO NOT ENTER the MRI scanner room or MRI environment if you have any questions or concerns – instead, consult the MRI Technologist.

I attest that the above information is correct to the best of my knowledge. I have read and I understand the contents of this form, and have had the opportunity to ask questions about it and about the MR exam that I am about to undergo.

Signature of person completing form: _____ Date: _____

Form completed by: ☐ Patient ☐ Relative ☐ Nurse

MRI Technologist: _____
 PRINT NAME SIGNATURE