

## PET/MRI QUESTIONNAIRE/AUTHORIZATION

(Office use)

**MRI is simple, safe and painless. However, because we use strong magnets during the procedures, metal objects in your body may be hazardous or cause interference. Please provide us with this important information before entering the MRI department.**

Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

1. Why are you having this study? \_\_\_\_\_  
\_\_\_\_\_
2. Do you have a history of chemotherapy? ☐ Yes ☐ No  
If yes, are you currently receiving chemotherapy? ☐ Yes ☐ No
3. Have you had any bone stimulating drug (Nuepogen/Epogen)? ☐ Yes ☐ No  
If yes, what was the last date you took this drug? \_\_\_\_\_
4. Do you have a history of diabetes? ☐ Yes ☐ No  
If yes, do you take oral medication for your diabetes? \_\_\_\_\_
5. Do you take insulin? ☐ Yes ☐ No
6. What is your fasting blood sugar/glucose? \_\_\_\_\_
7. Have you had a recent intramuscular injection in the past 2 weeks? ☐ Yes ☐ No  
If yes, what type of injection and where was it injected? \_\_\_\_\_

### FEMALE PATIENTS

Is there any possibility that you are pregnant? ☐ Yes ☐ No

When was your last menstrual cycle? \_\_\_\_\_

Are you breastfeeding? ☐ Yes ☐ No

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Sometimes MRI requires an injection of contrast. MRI contrast (Gadolinium) is administered through a small needle placed into a vein. During the administration of MRI contrast, you may experience the sensation of the contrast being injected, which is normal and expected.

MRI contrast (Gadolinium) is quite safe, however as with all medications, there is a slight risk of an allergic reaction. The physician and staff in the MRI department are trained to respond to any emergency situation that may develop. In addition, we use the safest MRI contrast, which our physicians believe is best for you. Gadolinium has no animal or food products or derivatives, sodium chloride, glucose or preservatives. Literature on Gadolinium is available at the front desk.

I authorize Weill Cornell Imaging at NewYork-Presbyterian, its physicians and other staff to perform the prescribed examination.

I have read and understand the above information.

Signature of Patient:  
(Parent or Guardian): \_\_\_\_\_

Date: \_\_\_\_\_

Front Desk Staff: \_\_\_\_\_ Signature: \_\_\_\_\_

Technologist: \_\_\_\_\_ Signature: \_\_\_\_\_

Nurse: \_\_\_\_\_ Signature: \_\_\_\_\_