MRI ASSOCIATES

32615 US Hwy 19 N Suite #4 Palm Harbor FL 34684

Date:

Patient Name:

DOB:

MRN#:

Date of Injury or Accident:

X-Ray Safety Questionnaire

The following items may be harmful to you during your X-Ray scan or may interfere with the X-Ray examination. Please provide a "yes" or "no" answer.

Safety Question (for women only):

☐ Yes ☐ No Any chance you are pregnant?

Instruction for the Patient, Parent or Guardian:

Remove jewelry or body piercings in the area of examination.

I attest the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and I have had the opportunity to ask questions regarding the information on this form.

Patient/Parient/Guardian Signature: _____ Date: _____