



**MRI QUESTIONNAIRE-TMJ**

NAME: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_  
(Last) (First)

AGE: \_\_\_\_\_ SEX: M/ F WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in MR#: \_\_\_\_\_

REFERRING PHYSICIAN: \_\_\_\_\_

- What type of problem are you having? \_\_\_\_\_
- Was this a result of any injury? \_\_\_\_\_
- How long have you had this problem? \_\_\_\_\_
- Do you have a history of being diagnosed with cancer? Yes\_\_\_ No\_\_\_ Type \_\_\_\_\_
- Have you been treated with either Radiation or Chemotherapy? (If yes, circle) Date Completed \_\_\_\_\_
- **Do you have, or have you ever had, any of the following?: (If yes, circle)**

**PACE MAKER**  
**ANEURYSM CLIPS**  
**COCHLEAR IMPLANTS**  
**HEART VALVE REPLACEMENT**  
**NEURO STIMULATOR**  
**BODY PIERCING**

**METAL SLIVERS IN EYES**  
**SHRAPNEL (bomb or bullet fragments)**  
**HEARING AID**  
**REMOVEABLE DENTAL WORK/DENTURES**  
**TATOO'S (over 20 yrs old)**  
**PENILE IMPLANT**

- Please circle only those that apply to you and circle the affected:

Clicking	Lt	Rt	Facial Pain	Lt	Rt
Locking	Lt	Rt	Limited Motion	Lt	Rt
Crepitus (grating sound)	Lt	Rt	Pain in Teeth	Lt	Rt
Pain	Lt	Rt	Difficulty opening and		
Headaches	Lt	Rt	closing your mouth?	Lt	Rt

- Have you had any previous treatment? Splint Therapy Arthroscopy TMJ Surgery
- Have you had any previous exams? Panorex Tomograms Arthrograms CT Scan MRI
- **Are you pregnant, or is there a possibility that you might be pregnant?** Yes\_\_\_ No\_\_\_
- Do you have a history of allergies? Yes\_\_\_No\_\_\_ If so, what kind? \_\_\_\_\_

I acknowledge that all the information given is accurate and thereby consent to have Magnetic Resonance Imaging performed on me.

I do not have a pacemaker. I have removed all hearing aids and dentures.

\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Patient's Signature

**Technologist to Complete Below this Line**

Rad authorizing IV Contrast: \_\_\_\_\_ Tech: \_\_\_\_\_ Study Protocolled By: \_\_\_\_\_  
Contrast Used: \_\_\_\_\_/\_\_\_\_\_ cc's Lot#: \_\_\_\_\_ Study Checked By: \_\_\_\_\_