

HILLSBOROUGH RADIOLOGY ASSOCIATES, P.A.

MRI QUESTIONNAIRE-TMJ

NAME: _____ D.O.B: ____/____/____

(Last) (First)

AGE: ____ SEX: M / F WEIGHT: ____ HEIGHT: ____ ft. ____ in.

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?
• Have you been treated with either radiation or chemotherapy?

Do you have, or have you ever had, any of the following?: (If yes, circle)

- PACEMAKER/DEFIBRILLATOR METAL SLIVERS IN EYES IUD
DIABETES or KIDNEY DISEASE SHRAPNEL (bomb or bullet fragments) HEARING AID
COCHLEAR IMPLANTS BREAST TISSUE EXPANDER BODY PIERCING
HEART VALVE REPLACEMENT NEURO STIMULATOR PENILE IMPLANT
TATOOS (over 20 years old) PESSARY (bladder support) ANEURYSM CLIPS
REMOVABLE DENTAL WORK/DENTURES
ENDOSCOPY CLIPS/INGESTED PILL CAMERA/PH BRAVO CAPSULE
MEDICATION PATCH (birth control/nicotine/Nitroglycerine)
ANY EXTERNAL/INTERNAL PUMPS (i.e., Insulin, chemotherapy)

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

Table with symptoms and affected sides (Lt, Rt): Clicking, Locking, Crepitus, Pain, Headaches, Facial Pain, Limited Motion, Pain in Teeth, Difficulty opening and closing your mouth?

- Have you had any previous treatment? Splint Therapy Arthroscopy TMJ Surgery
• Have you had any previous exams? Panorex Tomograms Arthrograms CT Scan MRI
• Do you have a history of allergies?
• Are you pregnant, or is there a possibility that you might be pregnant?

I acknowledge that all the information given is accurate and thereby consent to have Magnetic Resonance Imaging with or without an injection of contrast performed on me. I do not have a pacemaker. I have removed all hearing aids and dentures and any external pumps and monitoring devised.

Signature of Patient or Legal Guardian Date: ____/____/____ Technologist's Initials: _____

Technologist to Complete the Section Below

MR # _____ Designated Physician On-Site: _____
Tech: _____ Supervising Physician (if different): _____
Contrast Used: OPTIMARK / _____ mls Lot # _____