MR Technologist Worksheet

St Vincents Riverside Southside Clay St Johns Imaging Center

Optimal Forbes Southside Clay Mandarin Westside St Johns Town Center Orange Park

	Patient Sticker		Exam:					
Indicat	tion/Sy	mptoms: Which sid	le, how long, e	etc (not include	d on safety shee	et):		asymptomatic
								poor historian
								nonverbal
Pertinent PMH/PSH/Cancer: (not included on safety sheet):								
IV/Oral Contrast & Glucagon:								
Yes	No	Has patient had IV						
Yes	No	Prior allergic reac			nat reaction?			
Yes	No	If allergic, was pa	tient pre med		nat pre meds?			
		GFR	mL	Gadavist	Eovist	Lot#		
				Clariscan	Dotarem			
Yes	No	Did patient have r	eaction to co	ntrast? Wh	nat reaction?			
Yes	No	Is patient diabetic? mg Glucagon Yes Patient received oral CitraSelect?						
Exam D	Details:							
What pr	otocol	was used?						
Yes	No	Deviations from standard protocol? Explain:						
Yes	No	Outside imaging related to this exam? Outside images requested? Yes No						
Patient	Safety	: (Explain further as n	eeded):					
Yes	No	Any evidence of injury during exam?						
Yes	No	MRI screen reviewed with patient/family/RN?						
Yes	No	Patient positioning appropriate for exam?						
Yes	No	Earplugs provided	1?					
Yes	No	Alarm squeeze ba	ll provided?					
Yes	No	Patient received se	edation/anest	thesia for exa	n?			
Safety	strap le	ocation: Upper	Body	Pelvis	Thighs	Lo	wer Legs	Not Used
Tech N	otes:							
Tech Obtaining History: Tech Performing Scan:								

Tech Wrksht - "MR Tech Worksheet"

Form Revised/Reviewed 1/2023

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