

MRN # \_\_\_\_\_

**PATIENT REGISTRATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address / PO BOX / APT# / UNIT# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_  Female  Male Social Security # \_\_\_\_\_

CELL Phone \_\_\_\_\_ HOME Phone \_\_\_\_\_

Employer or School \_\_\_\_\_ WORK Phone \_\_\_\_\_

Driver's License(State & #) \_\_\_\_\_ Marital Status  Single  Married  Divorced  Widowed

Email Address \_\_\_\_\_

EMERGENCY Contact Name / Phone # / Relationship \_\_\_\_\_

**PLEASE ANSWER / CIRCLE LINES 1 - 5**

1. Today's exam date \_\_\_\_\_

2. Is today's exam related to a WORK INJURY? (Work Comp)      YES      NO

3. Is today's exam related to a PERSONAL INJURY CASE?      YES      NO

4. Is today's exam related to a:      Motor Vehicle Accident      YES      NO

   Slip and Fall      YES      NO

5. Date of Injury \_\_\_\_\_ State where accident / injury occurred \_\_\_\_\_

Other / Notes \_\_\_\_\_

→ PRIMARY Insurance Company \_\_\_\_\_

Primary policy holder \_\_\_\_\_ His/Her Date of Birth \_\_\_\_\_

Relationship to primary policy holder       Self       Spouse       Child       Other \_\_\_\_\_

→ SECONDARY Insurance Company \_\_\_\_\_

Secondary policy holder \_\_\_\_\_ His/Her Date of Birth \_\_\_\_\_

Relationship to secondary policy holder       Self       Spouse       Child       Other \_\_\_\_\_

**PLEASE TURN THIS PAGE OVER**      →

MRN # \_\_\_\_\_

**AUTHORIZATIONS**

**AUTHORIZATION OF RELEASE OF MEDICAL RECORDS AND CD / FILMS:** I hereby authorize Carlsbad Imaging Center / Imperial Radiology to release my medical records, diagnostic reports, or CD/images to my referring physician(s). I understand that this authorization shall become effective immediately and shall remain in effect until I revoke it, in writing. I also agree to pay the fee of \$15 associated with copying of a second CD of images.

**ASSIGNMENTS OF BENEFITS:** I authorize and direct my insurance carrier to pay directly to this provider of medical services any benefits due to me under my insurance plan. I also hereby authorize this provider to use and disclose any of my personal medical information for treatments / diagnosis and payment (including to my insurance company). I agree to pay the balance of charges not paid under my plan. I understand that a \$5 late fee will be added to each additional statement generated for the balance that remains unpaid after 30 days from the initial statement date. I am aware that if my account is not paid in full 90 days from the date of the service **a 30% additional fee will be added to the balance, it will be sent directly to a collection agency and reported to a national credit bureau.** Returned checks will also be charged a \$25 fee. Should the account be referred to an attorney for collection, the undersigned shall pay attorney's fees and other collection expenses. IF I AM UNINSURED, I am fully responsible for all charges.

**CONSENT FOR MEDICAL TREATMENT / DIAGNOSIS:** I authorize the Imaging Center to furnish the necessary medical treatment, or procedures, including diagnostic x-ray, local anesthesia, drugs, and supplies as may be ordered by the attending physician(s), his/her assistances or designees. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatment or diagnostic procedure conducted in the Imaging Center.

**LIFETIME MEDICARE PART B AUTHORIZATION:** If I have a Medicare Part B policy, I authorize any holder of medical or other information about me to be released to the Social Security Administration and Centers for Medicare & Medicaid Services or its intermediaries or carries, or to the billing agent of the Imaging Center any information needed for this or related Medicare claim. I permit a copy of this authorization to be used in place of the original and request payment of medical benefits be made to the holder of this assignments on my behalf. I understand that I am responsible for any deductibles and coinsurances.

**HIPAA:** In accordance with city, state, and federal laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), **Carlsbad Imaging Center / Imperial Radiology** will protect patient records and other information that may reveal a patient's identity when using or disclosing such information for purposes of treatment, payment, and health care operations. I am aware that I can request to review the policy of **Carlsbad Imaging Center / Imperial Radiology** for patient's privacy.

**IF THE PATIENT IS UNDER 18:** I , \_\_\_\_\_  
(Printed Name of Parent / Legal Guardian)

am the parent / legal guardian of \_\_\_\_\_  
(Printed Name of Patient under 18)

**I have read and understand the above written material in regards to the exam(s) for today's date of service.**

Patient / Legal Guardian PRINTED name \_\_\_\_\_

Patient / Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **NOTIFICATION REGARDING FINANCIAL RESPONSIBILITY FOR MEDICAL SERVICES**

1. I understand and acknowledge that my Insurers will only pay for services that they determine to meet their coverage requirements and benefit terms.
2. As examples: some insurers require prior authorization for certain services. Some insurers have decision-makers that disagree with the medical necessity of certain recommended treatments, tests or examinations.
3. If my Insurer determines that the services or any part of them are not medically necessary, or fail to meet other coverage requirements (such as obtaining authorization or filing a claim in a limited time), the Insurer may deny payment for that service.
4. I agree that if my Insurer denies all or any part of the Provider's charges for any reason, or if I'm not eligible at the time of service, I will be personally and fully responsible for payment of Provider's charges. Should my account be referred to an attorney or collection agency, I agree to pay actual attorney fees and collection expenses. All delinquent accounts shall bear interest at twelve percent per annum, not to exceed the maximum amount permitted by law.
5. Deductions and Copays cannot always be predicted at the time of service, as patients' benefits can change throughout the year. It is the responsibility of the patient/payee to communicate directly with their insurance carrier to determine the final cost of the service.
6. The undersigned certifies that he/she has read and understands the information above, and is the patient, or the person financially responsible for the patient's treatment needs, and is duly authorized to sign this document.

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

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

# MRI QUESTIONNAIRE

Patient Name \_\_\_\_\_ Date of birth: \_\_\_\_\_

1. In one sentence, please describe what the problem is that brought you to our office today, include any symptoms you experience:

\_\_\_\_\_

2. If you had any other test related to this problem, please list the test and the facility where the test was performed?

\_\_\_\_\_

3. Please list any surgeries that you have had: \_\_\_\_\_

4. If you have cancer, please list what body part is affected: \_\_\_\_\_

5. Is there any chance you could be pregnant?  YES  NO

6. Are you currently breastfeeding?  YES  NO

7. Do you have history of sickle cell disease?  YES  NO

## PLEASE INDICATE IF YOU HAVE ANY OF THE FOLLOWING:

YES  NO Aneurysm clip Date \_\_\_\_\_

YES  NO Cardiac pacemaker Date \_\_\_\_\_

YES  NO Neurostimulation system Date \_\_\_\_\_

YES  NO Any Implanted device Type \_\_\_\_\_ Date \_\_\_\_\_

YES  NO Heart valve prosthesis Date \_\_\_\_\_

YES  NO Artificial or prosthetic limb or joint replacement Date \_\_\_\_\_

YES  NO Metallic stent \_\_\_\_\_ Filter \_\_\_\_\_ Coil \_\_\_\_\_

YES  NO Shunt (spinal or intraventricular) Date \_\_\_\_\_

YES  NO Medication patch (Nicotine, Nitroglycerine)

YES  NO Any metallic fragment or foreign body within the eye Date \_\_\_\_\_

YES  NO Surgical staples \_\_\_\_\_ Clips \_\_\_\_\_ Metallic sutures \_\_\_\_\_

YES  NO Cochlear, or other ear implant Date \_\_\_\_\_

YES  NO IUD \_\_\_\_\_ Diaphragm \_\_\_\_\_ Pessary \_\_\_\_\_

YES  NO Tattoo \_\_\_\_\_ Permanent makeup \_\_\_\_\_ Body piercing \_\_\_\_\_ Jewelry \_\_\_\_\_

YES  NO Hearing aid (Remove before entering MR system room)

**WARNING:** Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens pocketknife, nail clippers, tools clothing with fasteners, & clothing with metallic threads. Certain implants, devices, or objects may be hazardous to you and / or may interfere with the MR procedure. Do not enter the MR system room or MR environment if you have questions or concerns regarding an implant, device, or object. Consult the MRI Technologist or Radiologist BEFORE entering the MRI system room. The MR system magnet is ALWAYS on. I attest that the above information is correct to the best of my knowledge. I read and understand the content of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Patient signature/Patient Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT FOR USE CONTRAST MATERIAL FOR MRI:** The MRI staff will interrupt your scanning procedure to give you a chemical compound ("Gadolinium") through a vein in your arm. The injection of Gadolinium does not cause pain, but you may feel discomfort, tingling, or warmth in the lips metallic taste in the mouth, tingling in the arms, nausea, or headache. These symptoms occur in less than 1% (less than 1 in 100) of people and go away quickly. Very rarely, there may be an allergic reaction, but there is less than a one in 300,000 chance that this will be severe. Insertion of a small plastic needle may also cause minor pain, bruising, and/or infection at the injection site.

Do you have any kidney disease? YES  NO  Do you have an allergy to Gadolinium? YES  NO

I confirm that I have read and fully understand the above and have been given the opportunity to ask questions.

I represent to radiology staff that I am eligible to give this consent.

Patient signature/Patient Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Medication Guide

**GADAVIST**  
**(gad-a-vist)**  
(gadobutrol)  
Injection for intravenous use

### What is Gadavist?

- Gadavist is a prescription medicine called a gadolinium-based contrast agent (GBCA). Gadavist, like other GBCAs, is injected into your vein and used with a magnetic resonance imaging (MRI) scanner.
- An MRI exam with a GBCA, including Gadavist, helps your doctor to see problems better than an MRI exam without a GBCA.
- Your doctor has reviewed your medical records and has determined that you would benefit from using a GBCA with your MRI exam.

### What is the most important information I should know about Gadavist?

- Gadavist contains a metal called gadolinium. Small amounts of gadolinium can stay in your body including the brain, bones, skin and other parts of your body for a long time (several months to years).
- It is not known how gadolinium may affect you, but so far, studies have not found harmful effects in patients with normal kidneys
- Rarely, patients have reported pains, tiredness, and skin, muscle or bone ailments for a long time, but these symptoms have not been directly linked to gadolinium.
- There are different GBCAs that can be used for your MRI exam. The amount of gadolinium that stays in the body is different for different gadolinium medicines. Gadolinium stays in the body more after Omniscan or Optimark than after Eovist, Magnevist, or MultiHance. Gadolinium stays in the body the least after Dotarem, Gadavist, or ProHance.
- People who get many doses of gadolinium medicines, women who are pregnant and young children may be at increased risk from gadolinium staying in the body.
- Some people with kidney problems who get gadolinium medicines can develop a condition with severe thickening of the skin, muscles and other organs in the body (nephrogenic systemic fibrosis). Your healthcare provider should screen you to see how well your kidneys are working before you receive Gadavist.

**Do not receive Gadavist if you** have had a severe allergic reaction to Gadavist.

### Before receiving Gadavist, tell your healthcare provider about all your medical conditions, including if you:

- have had any MRI procedures in the past where you received a GBCA. Your healthcare provider may ask you for more information including the dates of these MRI procedures.
- are pregnant or plan to become pregnant. It is not known if Gadavist can harm your unborn baby. Talk to your healthcare provider about the possible risks to an unborn baby if a GBCA such as Gadavist is received during pregnancy.
- have kidney problems, diabetes, or high blood pressure
- have had an allergic reaction to dyes (contrast agents) including GBCAs

### What are the possible side effects of Gadavist?

- See “What is the most important information I should know about Gadavist?”
- **Allergic reactions. Gadavist can cause allergic reactions that can sometimes be serious. Your healthcare provider will monitor you closely for symptoms of an allergic reaction.**

**The most common side effects of Gadavist include: headache, nausea, and dizziness.**

These are not all the possible side effects of Gadavist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

### General information about the safe and effective use of Gadavist.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. You can ask your healthcare provider for information about Gadavist that is written for health professionals.

### What are the ingredients in Gadavist?

Active ingredient: gadobutrol

Inactive ingredients: calcobutrol sodium, trometamol, hydrochloric acid (for pH adjustment) and water for injection

Manufactured for Bayer HealthCare Pharmaceuticals Inc.

Manufactured in Germany

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For more information, go to [www.gadavist.com](http://www.gadavist.com) or call 1-888-842-2937.

This Medication Guide has been approved by the U.S. Food and Drug Administration.

Rev. 4/2018

## Medication Guide

**EOVIST**  
**(e-o-vist)**  
(gadoxetate disodium)  
Injection for intravenous use

### What is Eovist?

- Eovist is a prescription medicine called a gadolinium-based contrast agent (GBCA). Eovist, like other GBCAs, is injected into your vein and used with a magnetic resonance imaging (MRI) scanner.
- An MRI exam with a GBCA, including Eovist, helps your doctor to see problems better than an MRI exam without a GBCA. Eovist is needed to better see the problems in your liver.
- Your doctor has reviewed your medical records and has determined that you would benefit from using a GBCA with your MRI exam.

### What is the most important information I should know about Eovist?

- Eovist contains a metal called gadolinium. Small amounts of gadolinium can stay in your body including the brain, bones, skin and other parts of your body for a long time (several months to years).
- It is not known how gadolinium may affect you, but so far, studies have not found harmful effects in patients with normal kidneys.
- Rarely, patients have reported pains, tiredness, and skin, muscle or bone ailments for a long time, but these symptoms have not been directly linked to gadolinium.
- At equivalent doses, the amount of gadolinium that stays in the body is different for different gadolinium medicines. Gadolinium stays in the body more after Omniscan or Optimark than after Eovist, Magnevist, or MultiHance. Gadolinium stays in the body the least after Dotarem, Gadavist, or ProHance.
- People who get many doses of gadolinium medicines, women who are pregnant and young children may be at increased risk from gadolinium staying in the body.
- Some people with kidney problems who get gadolinium medicines can develop a condition with severe thickening of the skin, muscles and other organs in the body (nephrogenic systemic fibrosis). Your healthcare provider should screen you to see how well your kidneys are working before you receive Eovist.

**Do not receive Eovist if you** have had a severe allergic reaction to Eovist.

### Before receiving Eovist, tell your healthcare provider about all your medical conditions, including if you:

- have had any MRI procedures in the past where you received a GBCA. Your healthcare provider may ask you for more information including the dates of these MRI procedures.
- are pregnant or plan to become pregnant. It is not known if Eovist can harm your unborn baby. Talk to your healthcare provider about the possible risks to an unborn baby if a GBCA such as Eovist is received during pregnancy.
- have kidney problems, diabetes, or high blood pressure.
- have had an allergic reaction to dyes (contrast agents) including GBCAs

### What are the possible side effects of Eovist?

• See “What is the most important information I should know about Eovist?”

- **Allergic reactions. Eovist can cause allergic reactions that can sometimes be serious. Your healthcare provider will monitor you closely for symptoms of an allergic reaction.**

**The most common side effects of Eovist include: nausea, headache, feeling hot, dizziness, and back pain.**

These are not all the possible side effects of Eovist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

### General information about the safe and effective use of EOVI~~ST~~.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. You can ask your healthcare provider for information about EOVI~~ST~~ that is written for health professionals.

### What are the ingredients in Eovist?

Active ingredient: gadoxetate disodium

Inactive ingredients: caloxetate trisodium, trometamol, hydrochloric acid and/or sodium hydroxide (for pH adjustment), and water for injection.

Manufactured for Bayer HealthCare Pharmaceuticals Inc.

Manufactured in Germany

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For more information, go to [www.eovist.com](http://www.eovist.com) or call 1-888-842-2937.

This Medication Guide has been approved by the U.S. Food and Drug Administration

4/2018