

MRI OF SPINE

For patients having MRI of spine only:

Where is the pain? _____

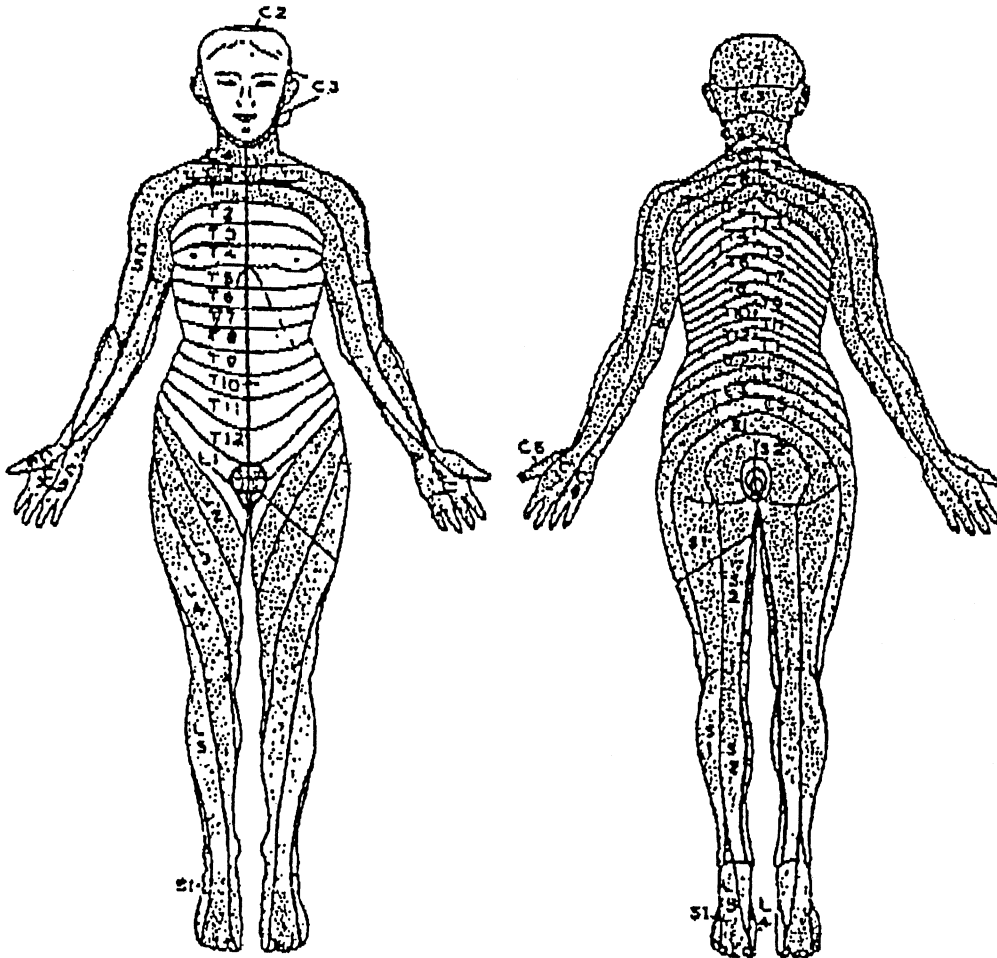
Does it extend to your arm or leg? Yes No

If yes, which side? Right Left Both

Have you had surgery on your spine? Yes No

If yes, what level(s)? _____ When? _____

PLEASE CIRCLE OR SHADE THE AREA ON THE FIGURE BELOW THAT CORRESPONDS TO THE LOCATION OF YOUR PAIN OR DISCOMFORT:



Patient signature: _____ Technologist: _____

REMOVE AND STORE ALL JEWELRY SAFELY WHILE WAITING FOR MRI.