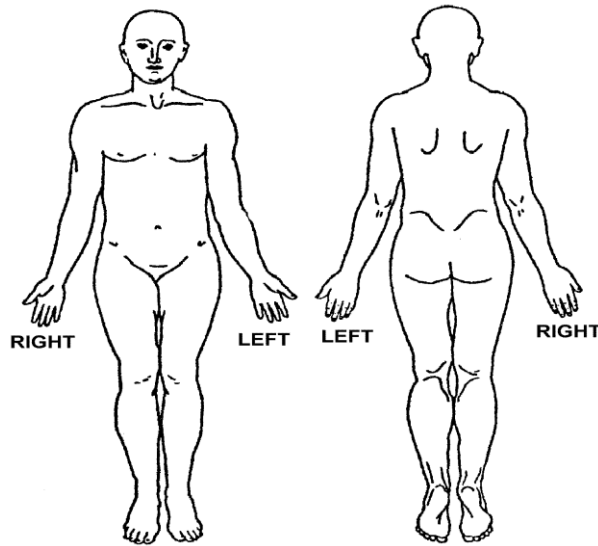


**Musculoskeletal Institute of Louisiana**  
**Orthopedic Specialists of Louisiana • Pain Care Consultants**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Please mark on the figure(s) below the location of your pain on your body.



**IMPORTANT INSTRUCTIONS**

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, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads.

Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.

**Patient History**

What is your main complaint today? \_\_\_\_\_

What do you think caused your problem? \_\_\_\_\_

Have you had surgery in relation to your problem today? ☐ Yes ☐ No

Do you have numbness or weakness? ☐ Yes ☐ No Where? \_\_\_\_\_

**NOTE: You may be advised or required to wear earplugs during the MR procedure to prevent possible problems or hazards related to acoustic noise.**