



Scheduling: 954-370-4450
Fax: 954-479-3974
MRI Dept.: 954-916-5487

Cardiac MRI Request Form

Completion of this form serves as an official request for the procedure. Please complete it to the best of your knowledge in order to provide better patient care.

Patient Information

Name _____ Phone _____

Height _____ Weight _____ Gender _____ Date of Birth ____ / ____ / ____ Age _____

Cardiac History

- | | | | |
|----------------------------|---|--------------|--|
| Indication for Cardiac MRI | <input type="checkbox"/> Cardiac mass/thrombus | Risk Factors | <input type="checkbox"/> Cancer |
| | <input type="checkbox"/> Heart failure | | <input type="checkbox"/> Stroke |
| | <input type="checkbox"/> Pericardial disease | | <input type="checkbox"/> Congestive heart failure |
| | <input type="checkbox"/> Valvular heart disease | | <input type="checkbox"/> Coronary artery disease |
| | <input type="checkbox"/> Viability | | <input type="checkbox"/> Deep venous thrombosis |
| | <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Diabetes |
| Contraindications | <input type="checkbox"/> AICD | | <input type="checkbox"/> Family history of heart disease |
| | <input type="checkbox"/> Neurostimulator | | <input type="checkbox"/> High cholesterol |
| | <input type="checkbox"/> Pacemaker | | <input type="checkbox"/> Hypertension |
| | | | <input type="checkbox"/> Smoking/tobacco use |
| | | | <input type="checkbox"/> None of the above |

Presenting Problem _____

Cardiac History _____

Cardiac Medications Beta-blockers Other _____

Prior Cardiac Evaluation

Echocardiogram Date ____ / ____ / ____ Results _____

Cardiac Catheterization Date ____ / ____ / ____ Results _____

Nuclear Medicine Date ____ / ____ / ____ Results _____

Requesting Physician Information

Name (Print) _____ Signature _____ Date ____ / ____ / ____

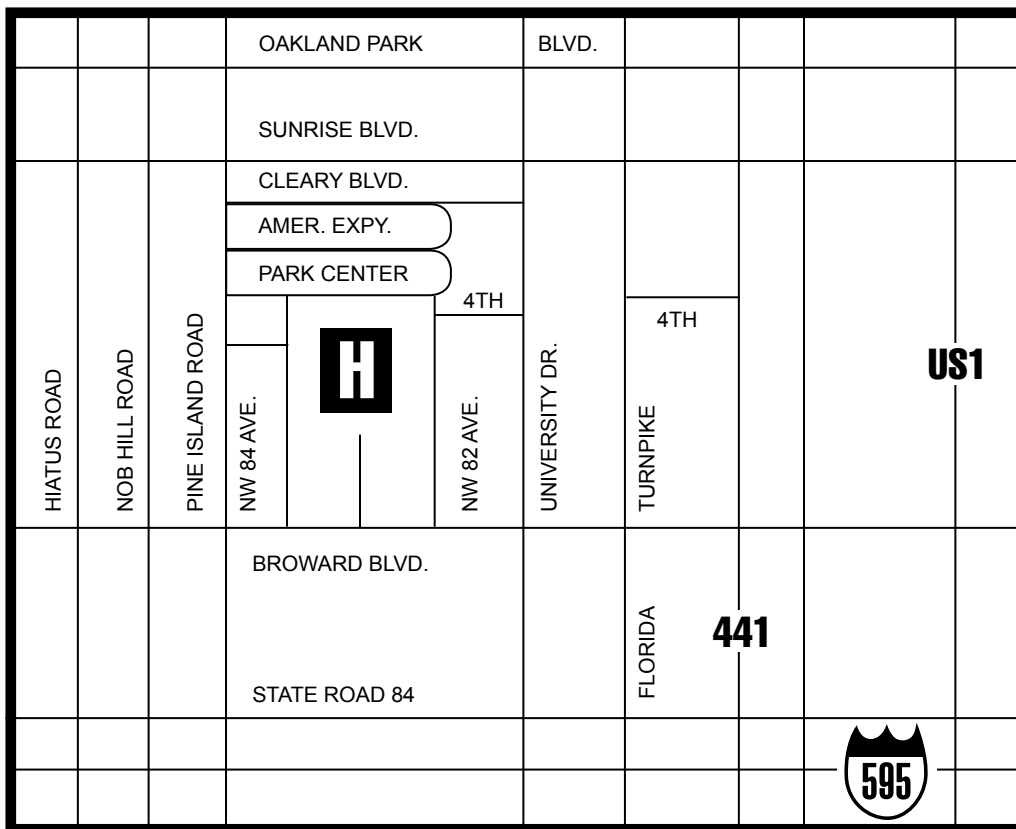
Address _____

Phone _____ Fax _____ Pager _____



**8201 W. Broward Blvd.
Plantation, FL 33324**

(954) 476-3918



AT THE CENTER OF BROWARD COUNTY

From Broward Blvd. turn North on N.W. 82nd Ave. Go to the ADMITTING entrance. Go to registration and check in 30 minutes prior to your appointment.

Preferably wear clothing with little or no metal. Valuables should be left at home.