

Alpine Orthopedics and Sports Medicine
 536 Cottonwood Rd., Suite 100
 Bozeman, Montana 59718
 (406) 586-8029

MRI SCREENING SHEET

Patient Name: _____	Date of Birth: _____
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Please indicate if you currently have any of the following:	Yes	No
Cardiac Pacemaker		
Heart Stent		
Brain Aneurysm Clips		
Aortic Clips		
Cochlear Implants		
Implanted Neurostimulator		
Insulin Pump		
Hearing Aids		
Joint Replacement		
Fractured bones treated with metal rods, plates, screws, nails, or clips.		
Prosthetic Device		
Metallic Implants		
Metal Slivers in eyes		
Shrapnel		
Pregnancy		
Have you ever had an MRI before?		
If so, where and when		
Other:		

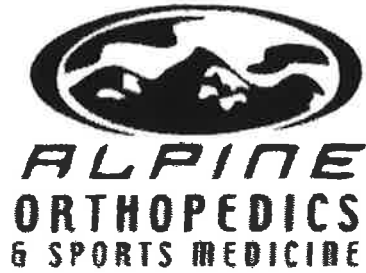
NOTE: Ensure that the following items are removed before scanning:

- Cell phone
- Music devices
- Purse, wallet or money clip, coins
- Credit cards and bank cards with magnetic strips
- Jewelry
- Watch, keys, or pocket knife
- Eyeglasses

List all major surgeries: _____

Signature _____

Date _____



MRI Disclosure Notice

Pursuant to the Patient Protection and Affordable Care Act (PPACP) of March 23, 2010, all patients being referred for an MRI are required to be notified of other providers who can perform your MRI. The following is a list of providers who provide MRI services should you wish to receive your MRI from another office:

Bozeman Deaconess Hospital
915 Highland Boulevard
Bozeman, MT 59715
(406) 585-1035

Advanced Medical Imaging (AMI)
905 Highland Boulevard
Suite 1180
Bozeman, MT 59715
(406) 587-8631

Bridger Orthopedics
1450 Ellis Street
Suite 201
Bozeman, MT 59715
(406) 587-0122

Livingston Memorial Hospital
504 S. 13th Street
Livingston, MT 59047
(406) 222-3541

By signing this Notice, I acknowledge that I have been notified of my rights to receive an MRI at one of these other locations should I decide not to have it performed by Alpine Orthopedics & Sports Medicine.

Patient Signature

Date