

VU Institute of Imaging Science MRI Information Worksheet

Please fill out and bring to MRI scan appointments.

Lab Name: _____ Patch: _____

Anatomy to be imaged: _____ Coil: _____

Exam Card Folder: _____

Exam Card Name: _____

Contrast (Circle if applicable):

Hand Injected Power Injected: Contrast Rate: _____ ml Saline Flush: _____

Imaging volume location and angulation (Ex. AC-PC):

Other requirements: _____

Circle all that apply:

- | | | |
|--------------------|----------------------------|-----------------|
| Pulse Ox (PPU) | Respiratory band (Bellows) | Front Projector |
| Left Button Box | Right Button Box | Rear Projector |
| Philips Headphones | NNL Headphones | Goggles |
| Eye Tracker | Gas (reactivity) | |