TRI-CITIES
OPEN MRI

Patient Name:________________________________

Patient Weight ______ Patient Height ______

TYPE OF EXAM: ___________________________

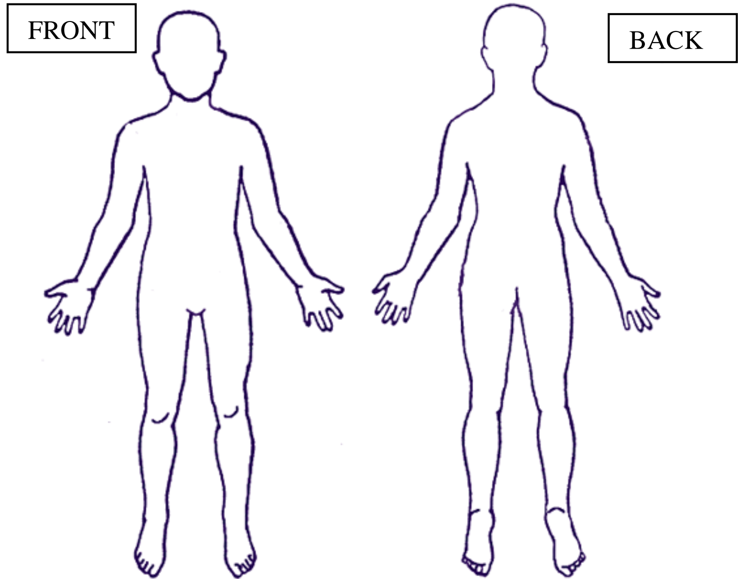
Please note type of symptoms you are having on the pictures below,
using the following codes:

P=Pain

T=Tingling

N=Numbness

A=All



Briefly describe history of symptoms: ____

____

How did this condition occur? ____

____

When did this condition occur? ____

Have you had any surgeries or procedures related to this problem? If yes, please explain: _______________

____

Have you had X-rays, MRI or CT taken of the affected area in the last 5 years? Please circle if yes. If yes, when and where?____

Comments ____

____

____ _________________________________

Patient (Parent/Guardian) Signature Date