

## MRI Brain w wo Contrast

Wednesday December 30,  
2020

Arrive by 8:00 AM CST

Starts at 8:45 AM CST (45 minutes)

[Add to Calendar](#)

University Medical Center  
MRI Radiology Department  
2000 Canal St  
New Orleans LA 70112-3018  
504-702-5700

## Get ready for your visit!

You've confirmed this appointment!

Review your questionnaire answers below.

[Communicable Disease Screening \(Print\)](#)

[MRI Screening Form \(Print\)](#)

### Directions for University Medical Center MRI Radiology Department

UMCNO Imaging Services, 1st floor of the Hospital (D&T)

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Please report to University Medical Center New Orleans. The main patient entrances are on S. Galvez Street and Tulane Avenue. Free patient parking is available in our parking garage at 2001 Tulane Avenue. On the day of your appointment, report to the first floor of the Hospital (D&T). Swipe your valid driver's license or state-issued ID card at a kiosk and check in with the Patient Access Registrar. After completing registration, you will be directed to UMCNO Imaging Services on the third floor of the Hospital (D&T).

### Visit Instructions

An MRI is a very noisy test. You will hear a lot of loud knocking noises throughout the exam. This is normal. You will receive either earplugs or music to help muffle the noise. These exams are very sensitive to motion. You will be expected to lay still for the entirety of the exam in order to get quality images. If you feel like you cannot lay flat and still for up to an hour, please let your doctor know.

You may receive a contrast injection as a part of your exam. This contrast is called Gadolinium and does NOT contain Iodine. The contrast is administered in a vein in your arm, either by butterfly needle or IV needle by the technologist. It may feel cool going up your arm or you may not feel anything at all. Reactions to this contrast are very rare.

If you are claustrophobic, please let your doctor know so a prescription for a sedative can be placed for you. You will need to pick up this prescription from your pharmacy prior to your exam. Take as directed by your doctor. Please bring any pain medication if needed.

If you have any metal implants or devices, you are required to bring your implant card. Your exam may be delayed if you do not have the proper documentation. Please call the Radiology department if you have any questions or concerns.

Please arrive 15 minutes before your appointment time. Wear comfortable clothing that does not contain any metal snaps or buttons, such as a sports bra. Please remove any bobby pins, removable dental work, necklaces or chains, piercings and other jewelry, and hearing aids prior to your exam. For the safety of you and the technologist, do not bring any electronics, credit cards, keys, or other loose metal into the scan room.

[Collapse](#)

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This appointment cannot be canceled online. To cancel, please call 504-702-5700.

Name: Jeffrey Bodin | DOB: 5/22/1997 | MRN: 1002548110 | PCP: Erica Varie Tate, MD

## Communicable Disease Screening

For an upcoming appointment with on 12/30/2020

Here are the responses you submitted.

Question	Answer
Do you have any of the following new or worsening symptoms?	<b>None of these</b>
In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?	<b>No / Unsure</b>
Have you had a COVID-19 viral test in the last 14 days?	<b>No</b>

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## MRI Screening Form

For an upcoming appointment with on 12/30/2020

Here are the responses you submitted.

Question	Answer
Do you have a pacemaker or pacemaker wires, defibrillator, aneurysm clips, stents, implanted pump, neurostimulators, bone stimulators, programmable shunt, or any other electronic or magnetic implant or device in your body?	<b>No</b>
Have you ever experienced any problems related to a previous MRI examination or MR procedure?	<b>No</b>
Have you ever had an adverse reaction to an MRI contrast agent?	<b>No</b>
Have you ever had an operation or surgery of any kind?	<b>Yes</b>
Do you have an artificial limb, prosthesis, or joint of any kind?	<b>No</b>
Have you ever had an injury to the eye or under your skin involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)?	<b>No</b>
Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)?	<b>No</b>
Have you ever been a metal worker?	<b>No</b>
Do you have any body piercings?	<b>No</b>
Do you have any dentures or other dental implants?	<b>No</b>
Do you have any tattoos?	<b>No</b>
Do you have any hearing aids or cochlear implants?	<b>No</b>
Do you have a history of kidney or liver disease?	<b>No</b>
Are you wearing any medication patches (Nicotine, Nitroglycerine, etc.)?	<b>No</b>
Are you able to lie flat and still for one hour?	<b>Yes</b>
Are you claustrophobic or uncomfortable in enclosed spaces?	<b>No</b>