

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

## eCheck-In Complete

Thanks for using eCheck-In!

The information you've submitted is now on file.

Please proceed to front desk to notify them of your arrival as you may need to:

Verify Travel History

Verify Emergency Contacts

## MRI Brain w wo Contrast

Wednesday December 30, 2020

Arrive by 8:00 AM CST

Starts at 8:45 AM CST

[Add to Calendar](#)

University Medical Center MRI Radiology

Department

2000 Canal St

New Orleans LA 70112-3018

504-702-5700

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## 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>