Princeton Radiology
Excellence in Imaging

MRI QUESTIONNAIRE-**TMJ**

NAME: _____ D.O.B: _____ /_____ /_____
(Last) (First)

AGE: _____ SEX: M / F WEIGHT: _____ HEIGHT: ____ ft. ____ in. MR#_____

REFERRING PHYSICIAN: _____

- What type of problem are you having? _____
- Was this a result of any injury? _____
- How long have you had this problem? _____
- Do you have a history of being diagnosed with cancer? Yes ___ No ___ Type _____
- Have you been treated with either Radiation or Chemotherapy? (If yes, circle) Date Completed _____
- **Do you have, or have you ever had, any of the following?: (If yes, circle)**

PACE MAKER	**METAL SLIVERS IN EYES**
ANEURYSM CLIPS	**SHRAPNEL (bomb or bullet fragments)**
COCHLEAR IMPLANTS	**HEARING AID**
HEART VALVE REPLACEMENT	**REMOVABLE DENTAL WORK/DENTURES**
NEURO STIMULATOR	**TATTOOS (over 20 yrs old)**
BODY PIERCING	**PENILE IMPLANT**

- **Please circle only those that apply to you and circle the affected:**

Clicking	**Lt**	**Rt**	**Facial Pain**	**Lt**	**Rt**
Locking	**Lt**	**Rt**	**Limited Motion**	**Lt**	**Rt**
Crepitus (grating sound)	**Lt**	**Rt**	**Pain in Teeth**	**Lt**	**Rt**
Pain	**Lt**	**Rt**	**Difficulty opening and**		
Headaches	**Lt**	**Rt**	**closing your mouth?**	**Lt**	**Rt**

- Have you had any previous treatment? Splint Therapy Arthroscopy TMJ Surgery
- Have you had any previous exams? Panorex Tomograms Arthrograms CT Scan MRI
- Do you have a history of allergies? Yes ___ No ___ If so, what kind? _____
- **Are you pregnant, or is there a possibility that you might be pregnant? Yes ___ No ___**

I acknowledge that all the information given is accurate and thereby consent to have Magnetic Resonance Imaging performed on me.

I do not have a pacemaker. I have removed all hearing aids & dentures.

_____ **Date: ____ / ____ / ____**
Patient's Signature

Technologist to Complete Below this Line

Rad authorizing IV Contrast _____ Tech: _____ Study Protocoled by: _____

Contrast Used: _____ / _____ cc's Lot # _____ Study Checked by: _____

*This form was downloaded from www.princetonradiology.com.