

**BRAIN IMAGING
REQUEST**

Requesting MD: _____

Authorizing MD (print) _____

Patient Age: _____ DOB: _____

(Signature) _____

Sex: () Male () Female Ht: _____ Wt: _____

(Date) _____

Dx: _____

Metal Implants: () No () Yes**

Date Submitted: _____

How will this study affect your treatment at UTHCPC? _____

Review of the literature indicates: Unless there are focal neurological signs and/or a clinical history strongly suggestive of a localized lesion (such as increase in prolactin, recent head injury, aphasia, etc.), brain imaging has a relatively low yield.

CLINICAL INDICATIONS: (Please provide pertinent information)

Focal Neurological Findings? () No () Yes

Soft Neurological Findings? () No () Yes

Pertinent Clinical History:

EEG Abnormalities? () No () Yes

Psychological Testing Abnormalities? () No () Yes

CT Brain without Contrast

CT Brain with Contrast

(Useful in the assessment of – meningeal tumor, pituitary tumor, calcified lesion, *acute (<12 hours)* subarachnoid or parenchymal hemorrhage, skull fracture. Patient cannot hold still for MRI.

**Patient has metal clips or implants.)

MR Brain

MRI Brainstem

(Useful in the assessment of – white matter disease, demyelinating disorders, seizure focus, dementia, infarction, brain tumor, vascular malformation, Huntington’s and other degenerative diseases. Anatomic regions of interest for pathology - temporal lobe, cerebellum, subcortical structures, brainstem, spinal cord. Children thought to have posterior fossa, temporal lobe or midline lesions.)