	Pinnacle MRI-Marietta
	300 Tower Rd, Ste 170
	Marietta, GA 30060
	770-429-7750 Phone
0.	770-429-7749 Fax



Pinnacle -Woodstock		
1505 Stonebridge Pkwy, Ste 110		
Woodstock, GA 30189		
770-874-4200 Phone		
770-592-9075 Fax		

## MRI ARTHROGRAM Instructions - Please read carefully prior to your appointment:

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Your	appointment		
•	is on scheduled time.	at	please arrive <u>15 mins</u> prior to
•	On average, you can expect to be here 1 -1	½ hours, including preparation	ı time.
Before	e Appointment Date:		
•	Please notify us if you have a stent, pacen	naker, defibrillator, neurosti	mulator, aneurysm clips, artificial

carry a current, retained bullets, any other metal/mechanical objects implanted in your body (tooth fillings, dental implants and joint replacements are usually not a problem).
If you have metal fragments in your eves/body, we may need to take an X-ray. X-rays must be completed at

heart valve, implanted pump, glucose monitor, medication patches, cochlear implant, wires designed to

- If you have <u>metal fragments in your eyes/body</u>, we may need to take an X-ray. X-rays must be completed at least 24 hours in advance.
- Please notify us if you are pregnant or suspect you may be pregnant.
- Please <u>notify us if you are on any blood thinners</u>. You will need to contact your Cardiologist about the holding recommendation prior to the Arthrogram appointment.
- Please notify us of any known allergy to X-Ray Dye, Iodine or certain foods such as shellfish.
- Please notify us if **you are on Antibiotics** or have recently been prescribed them after this procedure was ordered as the procedure may need to be rescheduled at the discretion of the Radiologist.
- We <u>do NOT have medication or sedation onsite</u>. If you need medication for pain or claustrophobia, please consult with your physician prior to the MRI appt. You <u>must arrange for a ride to and from the exam.</u> Take the medication at least 30 minutes prior to your departure.
- You will be contacted a day before your appointment, as payment is required at the time services are rendered. You will be required to pay any deductible, co-insurance or copay dictated by your insurance plan at time of service. We will call your insurance company to get the best estimate of what you will owe at the time of your procedure. We accept **checks**, **cash**, **and all major credit cards**. You may want to contact your insurance company for a better understanding of your policy benefits prior to your appointment date.
- Please notify MRI dept. of any <u>recent tatoos or permanent makeup</u>.

## Day of Appointment:

- Please bring any manufacturer's information card for any implanted object or device.
- A patient gown or shorts will be provided.
- The disk that will be given to you after your scan is to be taken with you to your follow-up appointment. An additional copy can be provided for \$25.

******PLEASE GIVE 24HR NO	TICE PRIOR TO CANCELLATION******
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If you have any questions or concerns about your Arthrogram-MRI appointment, please call 770-429-7750 and we will be happy to assist in your needs.