

# S39r0 MRI Failure Form

Ad Hoc Event ID

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Visit Date (yyyy/mm/dd):

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Correction:

- Yes
- No

1. If the patient was unable to complete the MRI, please indicate the reason:

- Orthodonture/braces
- Claustrophobia
- Excessive patient motion
- Bioelectrical implants (nerve stimulators, pacemakers, cochlear implants)
- Unable to lie flat (respiratory congestion, cough, bronchospasm, pain)
- Other

1A. If Other, specify:

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Staff I.D. #:

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