



MRI REPORT AND REFERRAL FORM- BRAIN

ID NUMBER:

FORM CODE:

B	M	R
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DATE: 9/1/2018
Version 2.0

Instructions: To be completed by the Brain Reading Center for every MRI scan, including indicating whether or not any alerts or notifications were reported previously.

ADMINISTRATIVE INFORMATION

0a. Read Date:

<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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 0b. Staff ID:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Month Day Year

RESULTS

Note: The following incidental findings do not require an alert or physician notification:

White matter ischemia	Old infarcts	Microhemorrhages	Superficial siderosis
Atrophy	Lacunar infarcts	Noncritical stenosis	Remote bleeds

1. Are there any alerts or physician notifications present:

Y Yes

N No **GO TO ITEM 5**

LOCAL BRAIN

2. Urgent Alerts

- a. Acute Infarction.....
- b. Subacute Infarct
- c. Acute Subdural or Epidural Hematoma.....
- d. Subarachnoid Hemorrhage.....
- e. Acute Intraparenchymal Hematoma.....

f. Local Comments (including location) _____

g. Other Brain RC Comments (not checked above) _____

LOCAL

BRAIN

VASCULAR

**CHANGE
SINCE
PRIOR
SCAN**

3. Conditionally Urgent Alert

a. Obstructive Hydrocephalus..... (Y/N) B

b. Significant Space Occupying Lesion (ie. tumor).. (Y/N) B

c. Aneurysm (Y/N) V

d. Luminal Occlusion, Dissection, or Thrombus (nonaneurysmal) (Y/N) V

e. Local Comments (including location) _____

f. Brain RC Comments (including location, changes, and alerts not checked above) _____

g. Vascular RC Comments (including location, changes, and alerts not checked above) _____

BRAIN

VASCULAR

**CHANGE
SINCE
PRIOR
SCAN**

4. Physician Notification Recommended

a. AV malformation (Y/N) V

b. Pseudoaneurysm..... (Y/N) V

c. Critical Stenosis (>50%) (Y/N) V

d. Benign Tumor with no Mass Effect (Y/N) B

e. Communicating Hydrocephalus (Y/N) B

f. Other (specify in comments) (Y/N) B

g. Brain RC Comments (including location, changes, and notifications not checked above) _____

h. Vascular RC Comments (including location, changes, and notifications not checked above) _____

5. Letter Type: ₀ No Change *
- ₁ Change *
- ₂ No prior scan – normal **
- ₃ No prior scan – alert/abnormality **

If “Change” or “No prior scan – alert/abnormality”, report results as:

5a. _____
