

MR Enterography Questionnaire

***Referring physicians – please fax completed form to 403-328-1218



Patient Name: _____ (Last) _____ (First) _____ (Middle Initial)

Date of Birth: _____ (MM/DD/YYYY) Age: _____

AHC #: _____

Patient Height _____ in/cm Patient Weight _____ lbs/kgs

Medical Imaging Contrast – **BUSCOPAN** (Hyoscine-N-Butylbromide)

Buscopan is an antispasmodic agent used to help relax the digestive system including the bowel and gallbladder (biliary). These medications reduce the peristalsis (wave-like contractions) of smooth muscle resulting in relief from spasms in certain organs in the digestive system. This reduces the blurring and motion on the images and improves the quality of the examination. This medication is injected intravenously. In order to help us assess and minimize the possibility of side effects, please indicate yes or no for the following questions.

Do you have, or have you ever had any of the following? Please explain.

1. Glaucoma (untreated narrow angle) _____ Yes No
2. Myasthenia gravis (autoimmune neuromuscular disease) _____ Yes No
3. Prostate hypertrophy or other causes of urinary retention _____ Yes No
4. Cardiac arrhythmia (tachycardia), angina, cardiac failure, or any other cardiac history _____ Yes No
5. Megacolon _____ Yes No
6. Bowel obstruction or ileus _____ Yes No
7. Pyloric stenosis _____ Yes No
8. Reflux esophagitis _____ Yes No
9. Are you currently breastfeeding? _____ Yes No

For office use only:	
Ordering Radiologist name (please print):	Signature: _____ Date (MM-DD-YYYY)
Administered by (if other than radiologist):	SPO2 Level: _____ Pulse: _____ IV Buscopan amount _____ mg Time: _____
*** Any "Yes" answers must be initialed by Radiologist before dispensing medication ***	