1. Was MRI completed?
   - YES → Date of MRI:
     [ ] Month / [ ] Day / [ ] Year
   - NO → Indicate reason and then skip to #7
     - Scanner malfunction
     - Refused
     - Claustrophobia
     - Ill
     - Ineligible
     - Physically unable
     - Other: __________________________

2. Type of scanner:  
   - GE  
   - Siemens

3. Series Description
   - Series  # of images  image number
     3D MRA LCA
     Wall L main
     Wall LAD #1
     Wall LAD #2
     Wall LAD #3
     Wall LAD #4
     Wall LAD #5
     Wall CX #1
     Wall CX #2
     Wall CX #3

4. Ending heart rate:  
   [ ]

5. Exam #:  
   [ ]

6. Were any abnormalities noted?
   - Yes
   - No
   Specify: __________________________

7. Primary MRI Tech. ID  
   Reviewer ID#  
   Data Entry ID#

TECH COMMENTS FOR R.C. → __________________________