



Lakemont Medical Center, 7499 Old Hwy. 441 South, Lakemont, GA 30552  
Phone: 706-782-0770 Fax: 706-782-1091

**MRA OF HEAD OR NECK**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Give a brief description of your problems.

\_\_\_\_\_  
\_\_\_\_\_

Do you have?	Yes	No
Dizziness	___	___
Numbness	___	___
Right side	___	___
Left side	___	___
Memory loss	___	___
Head aches	___	___
Hearing loss	___	___
Other symptoms _____	___	___

Any other exams positive for the present symptoms?  
\_\_\_\_\_

Any surgeries in the area to be examined today? \_\_\_\_\_

\_\_\_\_\_

Technologist: \_\_\_\_\_