

Schlichter Bogard & Denton

Case Evaluation for Gadolinium

Name:

Address:

Phone Number:

Cell Phone:

Email Address:

Date of Birth: / /

Is this inquiry for someone else? If so:

 Name:

 Relationship:

 Date of Birth: / /

Date of MRI Scan: / /

Name of Hospital:

City and State of Hospital:

Given an injection of gadolinium dye: Yes Date: / / No Not Sure?

Date diagnosed with NSF: / /

Symptoms: