**Royal Adelaide Hospital**

**MRI Department**

**Student Observation of MRI Examination Recognition**

Student name ……………………………………………………………………

Patient details ...…………………………………………………………………

Radiographer ……………………………………………………………………

Date / / Examination…………………………………..

|  |  |
| --- | --- |
| Any safety considerations? |  |
| Clinical details |  |
| Sequences performed |  |
| Contrast given?  Why? |  |
| Post processing performed? |  |
| Could you see anything on the films? |  |