

## FUNCTIONAL MAGNETIC RESONANCE FORM

Miami Children's Hospital. Radiology Department

Date:	Study:	Hospital ID:
<b>Patient's name:</b>		Birth date: ___ / ___ / ___
_____ <small style="display: inline-block; width: 45%; text-align: left;">Last Name</small> <small style="display: inline-block; width: 45%; text-align: right;">First name</small>		
Sex: M [___] F [___]	WT: _____	Age : _____
Parent or attendand's name:		Handness:
_____ <small style="display: inline-block; width: 45%; text-align: left;">Last name</small> <small style="display: inline-block; width: 45%; text-align: right;">First Name</small>		
Physician's name:		Speciality:

### Functional magnetic resonance protocol

Sequence :		Type of Examination:		
TR:	TE :	Flip Angle:		
FOV:	Matrix :	Thickness :	GAP:	
Runs:	Type of Data	Sequence	Amount of Images	Comments
Total Cycles :		Epochs ON:	Epochs OFF:	
Locations :				
Sets per epoch :		Total Sets :		
Images per epoch :		Time per set:	Time per epoch:	
Total Images in Run :		Time per Cycle :	Total Time :	

### Task definition

Grafic:  <b>OFF</b> Epoch as :  <b>ON</b> Epoch as :
--

### Findings

Statistical analysis :		$p <$
Areas of activation	Anatomical description	Brodmann's areas
Interpretation :		
Radiologist :	Scientist :	Technologist: