

MRI Safety Screening

Name: _____ Date: _____

Please do not enter the scan room with any of the following or any magnetic items:

- | | | | |
|--|-------------|--|--------------------|
| Removable Prosthetic Limb | Watch | Jewelry | Wallet |
| Credit Cards | Money Clips | Pens/Pencils | Underwire Supports |
| Barrettes/Hair Pins | Keys | Pocket Knife | Safety Pins |
| Clothing Containing Metallic Threads (in some athletic wear) | | Exercise Monitoring Device (ie. Fitbit, pedometers,etc.) | |

WARNING

Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure. Consult the MRI Technologist **BEFORE** entering the MRI room. The MRI system is **ALWAYS ON.**

DO YOU CURRENTLY HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?

1. Yes No Pacemaker, pacing wires, implanted cardiac defibrillator
2. Yes No Tissue expander
3. Yes No Brain aneurysm clips or Brain Surgery
4. Yes No Heart surgery / Heart valve
5. Yes No Shunts / Stents / Intravascular coils
6. Yes No Neurostimulator / Bone stimulator / Removed Neurostimulator / Bladder Stimulator
7. Yes No Penile prosthesis
8. Yes No Insulin pump
 Yes No Removed?
9. Yes No Implanted drug infusion pump
10. Yes No Eye Surgery / Eye Implants
11. Yes No Injury to eye involving metal or metal shavings
12. Yes No Ear surgery / Cochlear implants
13. Yes No Hearing Aids
 Yes No Removed?
14. Yes No Medicine patch (nitroglycerin, nicotine etc.)
15. Yes No Diaphragm / IUD / Pessary
16. Yes No Orthopedic pins / rods / screws / joint replacement or prosthetic limb.
If yes, please describe _____
17. Yes No Any Bullets, BB's or Shrapnel etc.
18. Yes No Kidney Problems
 Yes No Are you on Dialysis?
19. Yes No Removable dentures
20. Yes No Eyelid / permanent tattoo
21. Yes No DO YOU HAVE ANYTHING AT ALL IMPLANTED IN YOUR BODY? _____

You will be handed a communication ball to squeeze to alert the technologist if you are experiencing claustrophobia/anxiety/emotional distress.

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

Patient /Parent / Legal Guardian

Technologist / Witness Signature