

WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MRI Procedure.

DO NOT ENTER the MR system room or MR environment if you have any questions or concerns regarding an implant, device or object. Consult the MRI technologist before entering the MR System Room.

THE MRI SYSTEM MAGNET IS ALWAYS ON

Please indicate if you have any of the following:

- Yes No Aneurysm clip(s)
- Yes No Cardiac pacemaker
- Yes No Implanted cardioverter defibrillator (ICD)
- Yes No Electronic implant or device
- Yes No Magnetically-activated implant or device
- Yes No Neurostimulation system
- Yes No Spinal cord stimulator
- Yes No Internal electrodes or wires
- Yes No Bone growth/bone fusion stimulator
- Yes No Cochlear, otologic, or other ear implant
- Yes No Insulin or other infusion pump
- Yes No Implanted drug infusion device
- Yes No Any type of prosthesis (eye, penile, etc.)
- Yes No Heart valve prosthesis
- Yes No Eyelid spring or wire
- Yes No Artificial or prosthetic limb
- Yes No Metallic stent, filter, or coil
- Yes No Shunt (spinal or intraventricular)
- Yes No Vascular access port and/or catheter
- Yes No Radiation seeds or implants
- Yes No Swan-Ganz or thermodilution catheter
- Yes No Medication patch (Nicotine, Nitroglycerine)
- Yes No Any metallic fragment or foreign body
- Yes No Wire mesh implant
- Yes No Tissue expander (e.g., breast)
- Yes No Surgical staples, clips, or metallic sutures
- Yes No Joint replacement (hip, knee, etc.)
- Yes No Bone/joint pin, screw, nail, wire, plate, etc.
- Yes No IUD, diaphragm, or pessary
- Yes No Dentures or partial plates
- Yes No Tattoo or permanent makeup
- Yes No Body piercing jewelry
- Yes No Hearing aid
- Yes No *(Remove before entering MR system room)*
- Yes No Other implant _____
- Yes No Breathing problem or motion disorder
- Yes No Claustrophobia

▲ IMPORTANT INSTRUCTIONS

Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads.

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 Signature: _____ Date: ____/____/____
 MD Print name: _____ MD Signature: _____ Date: ____/____/____
 Technologist: _____ Technologist Signature: _____ Date: ____/____/____

PLEASE ANSWER THE FOLLOWING

1. Height _____ Weight _____
2. Why are you having this examination (Medical Problem)?

3. Have you ever had an MRI examination before and had a problem?
 Yes No _____
 If yes, please describe _____
4. Have you ever had any previous surgery?
 Yes No _____
 If yes, please describe _____
5. Have you ever been injured by a metal object/foreign body (Ex. bullet, shrapnel)?
 Yes No _____
 If yes, please describe _____
6. Have you ever gotten metal in your eyes?
 Yes No _____
 If yes, please describe _____
7. Do you have a history of kidney disease, asthma or other allergic respiratory disease?
 Yes No _____
 If yes, please describe _____
8. Do you have any drug allergies?
 Yes No _____
 If yes, please list drugs _____
9. Have you ever had x-ray dye or MRI contrast agent allergic reaction?
 Yes No _____
 If yes, please describe _____
10. Are you pregnant?
 Yes No _____
11. Are you breast feeding?
 Yes No _____