



WARNING: Certain implants, devices, objects or clothing may be hazardous to you and/or interfere with the MRI procedure. **DO NOT ENTER** the MRI room if you have any questions or concerns regarding an implant, device, object or clothing. *ALL patients must change.* Consult the MRI technologist **BEFORE ENTERING** the MRI room.

The system magnet is always ON.

Name: _____ **Date:** _____

Your safety is of utmost concern. Patients must be aware that due to the strength of the magnet inside the MRI, serious injury can occur if proper screening is not completed. **Please CAREFULLY review and answer each question below.** If you answer yes to any question, your technologist must discuss it with you.

Do you have any of the following? Circle YES or NO. Do NOT draw a line

YES	NO	Brain Surgery
YES	NO	Brain Aneurysm clips
YES	NO	Shunt
YES	NO	Cardiac pacemaker/Pacing Wires
YES	NO	Implanted Cardiac Defibrillator (ICD).
YES	NO	Heart Surgery
YES	NO	Heart Valve
YES	NO	Implanted Drug Infusion Pump
YES	NO	Neurostimulator, Bone Stimulator, Bladder Stimulator , Removed Stimulator
YES	NO	Insulin Pump or Glucose Monitor
<i>IF YES to Insulin Pump or Glucose Monitor DID YOU REMOVE? YES or NO</i>		
YES	NO	Stents or Intravascular Coils
YES	NO	Penile Prosthesis
YES	NO	Eye Surgery, Eye Implant, Cosmetic Contact Lenses, Magnetic Eyelashes
YES	NO	Injury to Eye Involving Metal or Metal Shavings
YES	NO	Ear Surgery/Cochlear Implant
YES	NO	Hearing Aids
<i>If YES to Hearing Aids DID YOU REMOVE? YES or NO</i>		
YES	NO	Tissue Expander
YES	NO	Biozorb Breast Marker
YES	NO	Inspire Implant for sleep apnea
YES	NO	Medicine Patch
YES	NO	IUD/ Diaphragm/Pessary
YES	NO	Orthopedic pins/Rods/Screws/Joint replacements/Prosthetic Limb
<i>If YES Describe: _____</i>		
YES	NO	Any bullets/BB's/Shrapnel
YES	NO	Any Kidney Problems
<i>If YES are you on Dialysis? YES or NO</i>		
YES	NO	Removable Dentures
YES	NO	Eyelid/Permanent Tattoos
YES	NO	DO YOU HAVE ANYTHING AT ALL IMPLANTED IN YOUR BODY?

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: _____

I have reviewed this form with the patient and discussed all questions the patient answered YES.

Technologist Signature: _____