



Patient Name: _____ Date of Birth: _____ Acct: _____

Weight: _____ Today's Date: _____

The following items may be harmful to you during your MR scan or may interfere with the MR examination. Please provide a "YES" or "NO" answer for every item.

YES NO

- Are you Claustrophobic
- Metal Implants
- Pacemaker / wires / defibrillator***
- Aneurysm Clips***
- Stent / coil / filter ***
- Neurostimulator / bone growth stimulator***
- Drug Infusion Pump / Insulin Pump***
- Artificial Heart Valve***
- Shunt: Spinal or Ventricular***
- Tissue expander***
- Surgical staples, clips or metallic sutures***
- Eye Implant / Metal in eyes / Eye injury***
- Eyelid spring or wire***
- Are you currently pregnant or breast feeding
If yes, please complete the MRI Pregnancy consent form.

YES NO

- Dialysis Treatment
- Penile Prosthesis
- Body Piercing
- Ear implant / Hearing Aids
- Artificial / Prosthetic Limb
- Implanted Catheter / Tube
- False Teeth / Retainer / Braces
- Diaphragm / IUD (name):
- Medication Patch
- Bullets / BB's / Pellets / Metal fragments
- Wig, Hair Implants
- Radiation Seeds (Cancer Treatment)
- Tattoo or permanent makeup

***Bold items with asterisk require implant card and/or op report for clearance.**

I attest that the information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions about the information on this form regarding the MRI procedure that I am about to undergo.

X _____
SIGNATURE OF PERSON COMPLETING THE FORM

DATE

X _____
PATIENT SERVICES REPRESENTATIVE

X _____
TECHNOLOGIST REVIEWED

Form completed by (circle one): Patient Relative Staff Other

~~~~~ THE FOLLOWING SECTION IS FOR MRI STAFF ONLY ~~~~~

Implant card / op report obtained? \_\_\_\_\_ Implant / Manuf: \_\_\_\_\_

Implant serial # \_\_\_\_\_ Implant model # \_\_\_\_\_ Implant date \_\_\_\_\_

Signature of technologist reviewing this form and performing safety clearance prior to proceeding into the scan room:

X \_\_\_\_\_  
LEVEL 2 STAFF (TECHNOLOGIST/RADIOLOGIST)

\_\_\_\_\_  
DATE