

ATTENTION MRI PATIENTS AND ACCOMPANYING FAMILY MEMBERS

Patient's safety is our primary concern. The MRI room contains a very strong magnet. Before you are allowed to enter, we must know if you have any metal in your body. Some metal objects can interfere with your scan or even be dangerous, so please answer the following questions carefully.

Patient's Height: _____

Patient's Weight: _____

Have you ever had an operation or surgical procedure of any kind? YES NO

Please list all:

Have you ever been a machinist, welder or metal worker? YES NO

Have you ever been hit in the face or eye(s) with a piece of metal? YES NO

Have you ever had a piece of metal removed from you eye(s)? YES NO

Are you pregnant, possibly pregnant or breast feeding? YES NO

Do you have any of these in your body?

Pacemaker, wires or defibrillator, Stent, Loop Recorder YES NO

Brain/aneurysm clip YES NO

Ear Implant YES NO

Eye Implant YES NO

Electrical stimulator for nerves or bones YES NO

Bullets, BB's or pellets YES NO

Metal shrapnel or fragments YES NO

Magnetic implant anywhere YES NO

Infusion pump YES NO

Coil, filter or wire in blood vessel YES NO

Artificial limb or joint YES NO

Eyelid tattoo YES NO

Implanted catheter or tube YES NO

Artificial heart valve YES NO

Penile prosthesis YES NO

Shunt YES NO

False teeth, retainers or magnetic braces YES NO

Surgical clips, staples, wires, mesh or sutures YES NO

Diaphragm or IUD YES NO

Orthopedic hardware (plates, screws, pins, rods or wires) YES NO

INFORMATION ABOUT CONTRAST INJECTIONS

As part of your exam, it may be necessary to give you an intravenous (IV) injection of contrast agent. This injection may help the MRI radiologist more accurately diagnose your condition. Although this contrast agent has been used safely in millions of cases, minor reactions (principally headaches or nausea) occur in about 2% of patients.

Have you ever had a previous allergic reaction to MRI contrast material? YES NO

Do you have a history of asthma or emphysema? YES NO

I attest that the answers that I have provided are correct and 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 Name: _____

Parent or Guardian Name: _____

Signature (Patient or Guardian) _____ Date _____