



MRI PATIENT SCREENING

Name: _____ Date: _____ Weight: _____

Your doctor has scheduled you for a Magnetic Resonance Imaging (MRI) scan. The machine utilizes a magnetic field and radio frequency waves to obtain images. There are no known biological hazards. Because of the presence of a magnetic field the following items should not be taken into the MRI room: Watches, coins, keys, knives, dentures, hair pins, pens, hearing aid, wallet, Jewelry, belt, phones, beepers or any other loose metal objects. Do you currently have or have you ever had any of the following:

| Description | Yes | No |
|--|--------------------------|--------------------------|
| A pacemaker | <input type="checkbox"/> | <input type="checkbox"/> |
| Any ear or eye implants | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been a Machinist, Welder or Metalworker | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had metal in your eyes or metal removed from your eyes | <input type="checkbox"/> | <input type="checkbox"/> |
| A brain aneurysm clip | <input type="checkbox"/> | <input type="checkbox"/> |
| Stimulators on nerves (T.E.N.N.S unit) | <input type="checkbox"/> | <input type="checkbox"/> |
| Any surgeries in the past six weeks | <input type="checkbox"/> | <input type="checkbox"/> |
| Any metal in your body such as pins | <input type="checkbox"/> | <input type="checkbox"/> |
| Surgical implants, shrapnel, bullets etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| An insulin or infusion pumps | <input type="checkbox"/> | <input type="checkbox"/> |
| Artificial heart valves | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have tattooed eyeliner | <input type="checkbox"/> | <input type="checkbox"/> |
| IUD (intra-uterine device) | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a chance of pregnancy? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you claustrophobic..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Others list: _____ | | |

I have read the above information and answered the preceding questions to the best of my knowledge. I hereby give consent to have a MRI scan. I have directed all of my questions to my doctor of the MRI staff.

PLEASE NOTIFY THE RECEPTIONIST OR MRI TECHNOLOGIST IF YOU MARKED YES TO ANY OF THE ABOVE QUESTIONS.

PATIENT NAME: _____

PATIENT'S SIGNATURE: _____ DATE: _____