

THIS FORM MUST BE FILLED OUT FOR EVERY MRI

Some of the following may be hazardous to your safety and some can interfere with the MRI examinations.
Please circle 'Y' or 'N' for all of the following questions.

DO YOU HAVE ANY OF THE FOLLOWING?

- Y / N Cardiac Pacemaker
Y / N Internal Pacing Wires
Y / N Aneurysm Clips / Vascular Clamps
Y / N Implanted insulin drug infusion pump/device
Y / N Neurostimulator
Y / N Brain surgery – if so, what kind _____
Y / N Eye implants / lens – if so, what kind _____
Y / N Ear implants – if so, what kind _____
Y / N Heart surgery – if so, what kind _____
Y / N Heart valve
Y / N Shunts (spinal or brain)
Y / N Stents, filters or coils
Y / N Any type of catheter or port – if so, what kind _____
Y / N Wire sutures
Y / N Shrapnel or other loose metal fragments
Y / N Bone / joint (screws, nails, pins, wire plates)
Y / N Metal fragments – if so, list where _____
Y / N IUD or diaphragm
Y / N Penile implant
Y / N Hearing aids
Y / N Dentures
Y / N Pregnant
Y / N Do you have renal/kidney disease – if so, what type _____
Y / N Do you have renal/kidney problems – if so, what type _____
Y / N Any other foreign objects in/on your body _____
Y / N Are you presently working or have worked as a machinist, metal worker, or any profession grinding metal

Current Weight _____

Signature

Relationship to patient

Date

BEFORE YOUR MRI, PLEASE REMOVE ALL METALLIC OBJECTS:

Keys, hair pins, barrettes, jewelry, watches, safety pins, paperclips, credit cards, pens, belts, pocket knife and all other metal objects.