

MRI Pre-Entry Screening

Pacemaker, pacer wires and/or implanted cardiac defibrillator? _____ YES/NO

If YES, notify us immediately.

Brain aneurysm clips? **If YES, notify us immediately.** _____ YES/NO

Have you ever had an MRI scan before? Body part: _____ Date: _____ YES/NO

Have you ever had surgery on the area to be scanned? _____ YES/NO

Procedure: _____ Date: _____

Have you *EVER* had a metal injury to your eyes? _____ YES/NO

If yes, please notify us immediately.

Have you had an MRI since the incident of metal to your eyes? _____ YES/NO

Are you clinically claustrophobic? _____ YES/NO

Do you have a history of cancer? _____ YES/NO

Do you have any major medical problems? Please list. _____ YES/NO

Are you pregnant or could you be pregnant? _____ YES/NO

If yes, please notify us immediately.

Please Circle The Appropriate Response:

Neuro-stimulator? _____ Y/N

Bone growth stimulator? _____ Y/N

Joint replacements? _____ Y/N

Other metal (rods, shrapnel,

Screws, bullets)? _____ Y/N

Wires/sutures/clips? _____ Y/N

Eye prosthesis? _____ Y/N

Inner ear implants (cochlear,

Stapes)? _____ Y/N

Insulin pump? _____ Y/N

Morphine pump? _____ Y/N

Magnetic dental implant? _____ Y/N

Heart valve? _____ Y/N

Greenfield filter? _____ Y/N

Vascular stent? _____ Y/N

Penile implant? _____ Y/N

Tattoos? _____ Y/N

Tattooed eyeliner? _____ Y/N

Hearing Aids? _____ Y/N

Harrington rods? _____ Y/N

Electronic device? _____ Y/N

Infusion pump? _____ Y/N

Chemo pump? _____ Y/N

Removable denture work? _____ Y/N

Notes from the Technologist

Please Read Prior to Signing

You must remove all metallic objects including: easily removable jewelry, bras, shoes, belts, hair pins, safety pins, paperclips, money clips, coins, pens, watch, etc. If you have any body piercings (other than ears) please let the Technologist know. Your signature on this form indicates that you authorize and consent to the performance of this procedure.

Patient Signature or Representative (if minor) Date

MRI Technologist Date