

Patient Name: _____ Acct# _____ Appt Date _____

WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure

- YES No Aneurysm clip
- YES No Cardiac Pacemaker
- YES No Implanted Cardioverter Defibrillator(ICD)
- YES No Electronic/Magnetic Implant
- YES No Internal Stimulator, e.g. neurostimulator
- YES No Cochlear or ear implant (stapes)
- YES No Drug infusion device (Insulin pump)
- YES No Any prosthesis (eye, penile)
- YES No Heart Valve prosthesis
- YES No Eyelid spring or wire
- YES No Artificial or prosthetic limb
- YES No Stent, filter or coil anywhere in body
- YES No Shunt (spinal or intraventricular)
- YES No Vascular access port or catheter
- YES No Metal fragments in eyes from welding/metal work/shavings
- YES No Medication patch (nicotine, nitro)
- YES No Any metal fragment/foreign body/bullets/pellets anywhere in body
- YES No Tissue expander e.g. Breast
- YES No Surgical staples, clips, sutures
- YES No Joint replacement e.g. hip, knee
- YES No Bone joint pin, screw, nail, wire, plate etc
- YES No High Blood Pressure Diabetes
- YES No Denture or partial plates
- YES No Cancer history for yourself? If yes, what type? _____
- YES No Body piercing, jewelry, tattoos, permanent makeup
- YES No Hearing aid
- YES No ANY prior surgery _____

_____ Weight _____

___YES ___NO Claustrophobia? If yes, is sedation required? Yes No *if yes, pt must arrive (1) hour early and MUST have a driver to accompany the patient into facility.

For Female Patients Only: Date of LMP ___/___/___ Are you Pregnant: Yes No Not sure Breast feeding: Yes No
--

Patient Name: _____ Acct# _____ Appt Date _____

I attest that the above 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 regarding the information on this form and about the MRI exam. I consent to the MR procedure that I am about to undergo.

*** Signature of Patient** _____

Signature of MRI Technologist _____ **Date** _____

IMPORTANT INSTRUCTIONS

Before entering the MR environment or MR system room, you MUST remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eye glasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paper clips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners and clothing with metal threads