



Providing MRI and X-Ray Services

MRI SCREENING FORM

IMPORTANT INSTRUCTIONS

Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, magnetic eyelashes/eyeliner, dentures, partial plates, keys, cell phone, jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocketknife, nail clipper, tools, clothing with metal fasteners & clothing with metallic threads. Please consult the MRI Technologist if you have any questions or concerns BEFORE you enter the MR system room.

Name: _____

Date of Birth: _____

Weight: _____ lbs Height: _____ ft _____ in

Please indicate if you have any of the following:

- Yes No Aneurysm clip(s) Yes No Joint replacement(s) Yes No
- Vascular access port and/or catheter Yes No Wire mesh implant
- Yes No Cardiac Pacemaker Yes No Ankle monitoring system
- Yes No Implanted cardioverter defibrillator Yes No Hearing aid (please remove) Yes No
- No Electronic implant or device Yes No Metal in eyes from grinding or welding Yes No
- No Internal electrodes or wires Yes No Tattoo or permanent makeup
- Yes No Cochlear, otologic, or other ear implant Yes No Body piercing jewelry. (Any)
- Yes No Implanted drug infusion device Yes No Claustrophobia
- Yes No Any type of prosthesis (eye, penile, etc.) Yes No Dentures or partial plates Yes No
- No Heart valve prosthesis Yes No Medication patch Yes No Metallic stent, filter, or coil Yes No Wicking clothing or socks Yes No Shunt (spinal or head)
- Yes No Other implants _____ Yes No Any metallic fragment(s) / shrapnel Yes No Swan-Ganz or thermodilution catheter
- Yes No History of cancer (you not family) Yes No Radiation seeds or implants If yes, please detail: _____ Yes No Swan-Ganz or thermodilution catheter Yes No
- Neurostimulator system Yes No Tissue expander (e.g., breast)
- Female Patients Only:** Yes No Surgical staples, clips, or sutures
- Yes No Any type of eye implant Yes No Any chance you are pregnant Yes No
- No Magnetically-activated implant or device Yes No IUD, diaphragm, or pessary

Warning: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI and MR angiography). Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist BEFORE entering the MR system room. The MR system magnet is ALWAYS on.

Please list all surgeries you have had: _____

Please describe the reason for your MRI and symptoms: _____

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 regarding the MR procedure that I am about to undergo.

Patient Signature: _____ **Date:** _____

-----*OFFICIAL USE BELOW*-----

Technologist Notes: _____

Technologist Signature: _____

