

MRI PROCEDURE SCREENING FORM

The following items may be hazardous or may cause poor image quality

Please Indicate If You Have Any Of The Following:

(If you need help answering any question, please ask a staff member)

Yes No

- Pacemaker or Defibrillator**
- Ear Implant**
- Tissue Expander**
- Nerve or Muscle Stimulator**

Type _____

****If you answered yes to any of the questions above... STOP and talk to a staff member immediately.****

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Any Type of Internal or External Electrodes or Wires

Type _____

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Any Other Type of Electronic or Magnetic Implant

Type _____

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Any Clip, Coil, Filter, Screw, Rod or Stent

Type _____

Any Pump or Drug Dispensing Device
Prosthesis or Artificial Replacement Body Part
(eye, knee, hip, leg, etc.)

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Hearing Aid

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Dentures

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Patch-Type Medication

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Are You Wearing a Brace?

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Any Injury Involving a Metal Foreign Body?
(i.e. - bullet, BB, shrapnel, etc.)

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Any Eye Injury Involving Metal Objects?

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Facial Tattoos (skin irritation possible during exam)

Female Patients Only:

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Are You Pregnant or Do You Suspect Pregnancy?

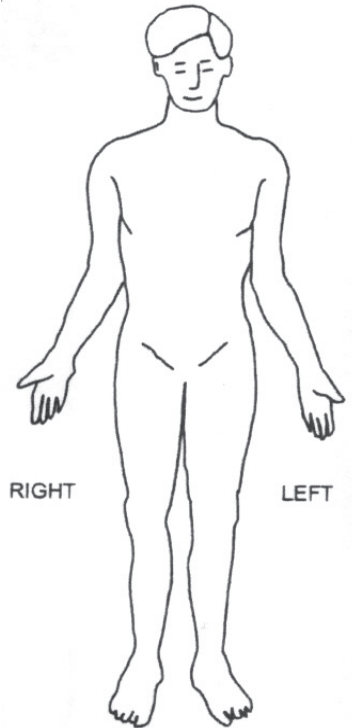
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IUD (Intra-Uterine Device)

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Pessary (internal supporting device)

Please mark this drawing with the location of any objects inside your body.



The above information is correct to the best of my knowledge. I have read the entire contents of this form and I have had the opportunity to ask questions regarding this form.

Patient Name
(print): _____

Staff Conducting History Review
(print): _____

Signature: _____

Signature: _____

Date: _____ Time: _____

Date: _____ Time: _____



Patient Identification