

Do you CURRENTLY have (if YES, please **CIRCLE** items that apply):

1	Cardiac pacemaker, implanted cardiac defibrillator (ICD)	O YES	O No
2	Internal pacer wires, loop recorder, other internal electrodes	O YES	O No
3	Aneurysm clips, cerebral clip, brain clip, carotid artery clamp	O YES	O No
4	Deep brain stimulator, or other nerve stimulator (vagal, bladder, spinal cord, other: _____)	O YES	O No
5	Any magnetically activated/adjusted rods/implants (MAGEC rods)	O YES	O No
6	Swan-Ganz or other thermodilution catheter	O YES	O No
7	Implanted tissue expander (including breast)	O YES	O No
8	Bone growth/bone fusion stimulator	O YES	O No
If answering "yes" to any questions above ↑, DO NOT ENTER MRI room without first discussing the items with your MRI technologist			
9	Artificial heart valve, IVC filter, other vascular coils/filters or stents	O YES	O No
10	Any shunt (spinal, ventricular, etc.)	O YES	O No
11	Any medication pump or infusion device (internal or external)	O YES	O No
12	Cochlear or otologic implant	O YES	O No
13	IUD, pessary	O YES	O No
14	Body piercing, tattoos, permanent makeup, magnetic eyelashes	O YES	O No
15	Permanent dental work: braces, expanders, spacers etc.	O YES	O No
16	Wig, hairpiece, hairpins, hair extensions	O YES	O No
17	Any medication patch (nicotine, birth control, etc.)	O YES	O No
18	Removable: hearing aids, dental work, artificial limb, prosthesis	O YES	O No

THE MAGNET is ALWAYS on!



WARNING!

FOR YOUR SAFETY...

YOU WILL BE REQUIRED TO CHANGE INTO HOSPITAL PROVIDED CLOTHING AND REMOVE METAL OBJECTS FROM YOUR PERSON: (including ↓)

- cell phone weapons
- hearing aids bra
- dentures money clips
- jewelry bank cards
- hairpins loose change
- insulin pump (or other medication)
- removable prostheses
- TOT guard tag

WITHIN THE PAST 10 DAYS:

19	Procedure involving ingestion of an endoscopy capsule	O YES	O No
20	Procedure involving clipping in the digestive tract or colon	O YES	O No

Have you EVER had:

21	Eye injury involving metal fragments -if "yes" notify MRI staff ASAP	O YES	O No
22	Eye/eyelid surgery involving a metal spring, buckle, or tack	O YES	O No
23	Any injury involving shrapnel or retained bullet	O YES	O No
24	Any surgery involving bone or spine rods, plates, screws, pins	O YES	O No
25	Any surgery involving wire mesh implants, rings, or metal wires	O YES	O No
26	↓ Please list any permanent prosthesis or implant below ↓	O No Implants	
	Type/Location	Manufacturer	Model #
			Date Implanted

Staff Use Only:

Hearing Protection Given:

- Earplugs Earmuffs

Tech Review:

Name: _____

Date: _____

By signing below, I acknowledge the information provided is correct to the best of my knowledge. I understand the contents of this form and have had an opportunity to ask questions regarding the information on this form and the MRI procedure I am about to undergo.

X _____ Relationship: _____ Date ____/____/____ Time _____ am/pm
(Signature of person completing form and relationship to patient)

PRINTED NAME: _____ (check one) [] Patient [] Other



MRI Safety Metal Screening

[Place Chart Label Here]