

MRI PROCEDURE SCREENING AND CONSENT FORM

Today's Date: _____

PATIENT NAME: _____
 SEX: M F PHYSICIAN: _____
 DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____

ATTENTION: MRI PATIENTS AND ACCOMPANYING FAMILY MEMBERS

The MRI room contains a very strong magnet. Before you are allowed to enter, we must know if you have any metal in your body. Some metal objects can interfere with your scan or even be dangerous, so please answer the following questions carefully.

1. Have you ever had an operation or surgical procedure of any kind? Y N
 If yes, please list all with dates:

2. Have you ever been a machinist, welder or metal worker? Y N
 3. Have you ever been hit in the face or eye with a piece of metal (including metal shavings, slivers, bullets or BBs)? Y N
 4. Have you ever had a piece of metal removed from your eye? Y N
 5. If female, are you pregnant or possibly pregnant? Y N

RADIOGRAPHS MIGHT HAVE TO BE TAKEN PRIOR TO THIS EXAMINATION

6. Do you have any of these items in your body?

Pacemaker, wires or defibrillator	Y N	Magnetic implant anywhere	Y N
Brain / Aneurysm clip	Y N	Infusion pump	Y N
Ear implant	Y N	Artificial limb or joint	Y N
Hearing Aid	Y N	Eyelid tattoo	Y N
Electrical stimulator for nerves or bone	Y N	Shunt	Y N
Coil, filter, wire in blood vessel or stent	Y N	False teeth, retainers, magnetic braces or magnetic dentures	Y N
Artificial heart valve	Y N	Surgical clips, staples, wires, mesh or sutures	Y N
Penile prosthesis	Y N	Orthopedic hardware (plates, screws, pins, rods, wires)	Y N
Diaphragm or intrauterine device	Y N		
Implanted catheter or tube	Y N		
Bullets, BBs, pellets or shrapnel	Y N		
Nitropatch or other skin patches	Y N		

