AUSTIN RADIOLOGICAL ASSOCIATION
METAL SCREENING FORM

Patient Name: _____

WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). **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 or Radiologist BEFORE entering the MR system room.

Magnetic Resonance Imaging (MRI): Uses a powerful magnet that is ALWAYS on!

THE FOLLOWING ITEMS MAY BE HAZARDOUS OR MAY INTERFERE WITH THE MRI EXAMINATION

Please indicate if you have any of the following:

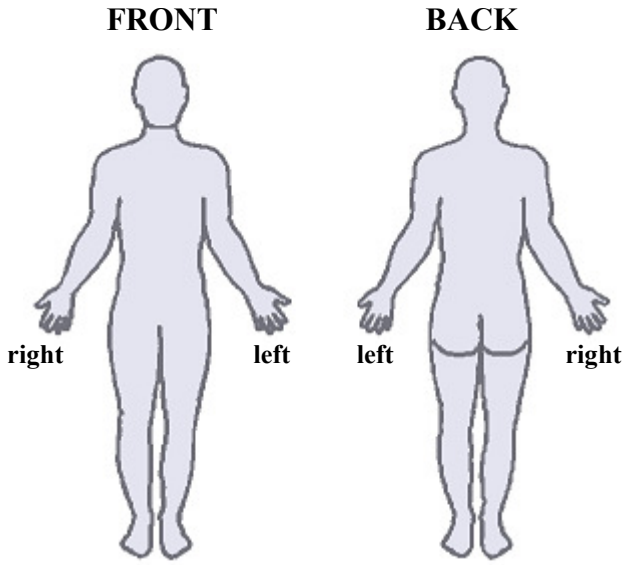
Yes	No	Are you pregnant
Yes	No	Ever had metal removed from eye(s)
Yes	No	Worked with metal fragments, ie. welding, grinding, etc.
Yes	No	Pacemaker
Yes	No	Aneurysm clip(s)
Yes	No	Implanted cardioverter defibrillator (ICD)
Yes	No	Electronic implant or device
Yes	No	Magnetically-activated implant or device
Yes	No	Magnet therapy patch
Yes	No	Stimulation system, e.g. brain, bladder, other: _____
Yes	No	Spinal cord stimulator
Yes	No	Internal electrodes or wires
Yes	No	Bone growth/bone fusion stimulator
Yes	No	Cochlear, otologic, or other ear implant Year placed: _____
Yes	No	Insulin or other infusion pump
Yes	No	Implanted drug infusion device
Yes	No	Any type of prosthesis/implant (eye, penile, etc.)
Yes	No	Heart valve prosthesis
Yes	No	Eyelid spring or wire
Yes	No	Artificial or prosthetic limb
Yes	No	Metallic stent, filter, or coil
Yes	No	Shunt (spinal or intraventricular)
Yes	No	Vascular access port and/or catheter
Yes	No	Radiation seeds or implants
Yes	No	Swan-Ganz or thermodilution catheter
Yes	No	Foil based medication patch (Nicotine, Nitroglycerine)
Yes	No	Any metallic fragment or foreign body
Yes	No	Wire mesh implant
Yes	No	Tissue expander, e.g. breast
Yes	No	Surgical staples, clips, or metallic structures
Yes	No	Joint replacement (hip, knee, etc.)
Yes	No	Bone/joint pin, screw, nail, wire, plate, etc.
Yes	No	IUD, diaphragm, or pessary
Yes	No	Dentures or partial plates
Yes	No	Tattoo or permanent makeup
Yes	No	Hearing aid(s) (***Remove before entering MR environment***)
Yes	No	Body piercing jewelry
Yes	No	Other implant: _____
Yes	No	Breathing problem or motion disorder
Yes	No	Halo vest or metallic cervical fixation device
Yes	No	Attached weights of any kind (wrist, ankle, or body)

IMPORTANT INSTRUCTIONS

Before entering the MR environment or MR system, you will be asked to change into a gown and remove your shoes. You must remove all metallic objects including piercings, hearing aids, dentures, partial plates and clothing with metallic threads.

Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR room.

Please mark on the figure(s) below the location of any implant or metal inside of or on your body.



Note: You may be advised or required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise.

I (we) attest that the above information is correct to the best of my (our) knowledge. I (we) have read and understand the entire contents of this form and have been provided the opportunity to ask questions regarding the information on this form.

Patient/Guardian Signature: _____ Date _____

Front Desk Staff Signature: _____ Date _____

TO BE COMPLETED BY APPROPRIATE PERSONS ONLY

I (we) attest that I (we) have thoroughly reviewed the above information and understand the scanning requirements of the MR conditional implant, device, or object. I have visually confirmed proper scanning mode requirements for applicable devices.

Patient/Guardian Signature: _____ Date _____

Technologist Signature: _____ Date _____

☐ Yes ☐ No _____ (initials) Patient has been screened by the Solo metal detector; if no explain: _____

Technologist Signature: _____ Date _____

Report Name: METALSCREENINGFORM