

Name: _____



WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MRI procedure i.e., MRI, MR angiography, functional MRI, MR spectroscopy). **Do not enter** the MRI system room or MRI environment if you have any question or concern regarding an implant, device, or object. Consult the MRI technologist or radiologist **BEFORE** entering the MRI 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.

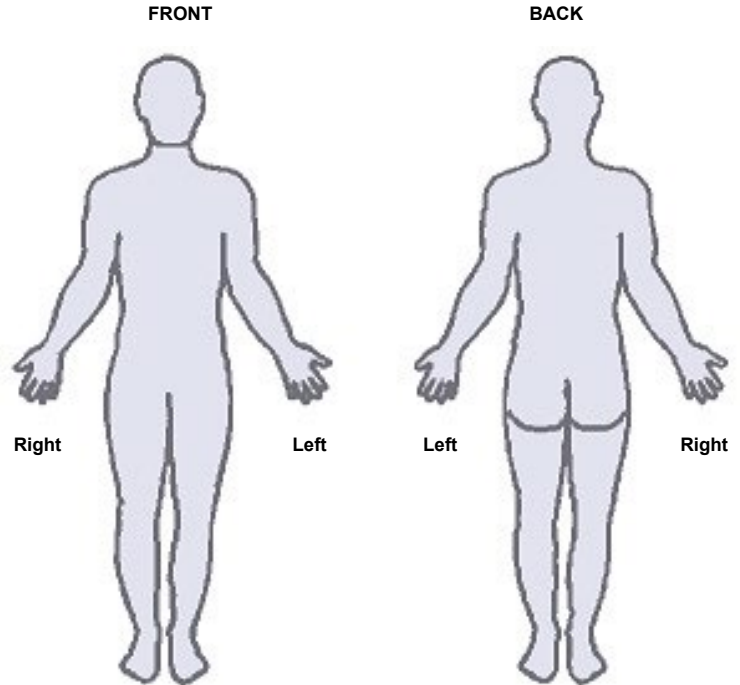
- Yes No Are you pregnant
- Yes No Ever had metal removed from eye(s)
- Yes No Worked with metal fragments, ie. welding, grinding, etc.
- Yes No Pacemaker
- Yes No Aneurysm clip(s)
- Yes No Implanted cardioverter defibrillator (ICD)
- Yes No Electronic implant or device
- Yes No Magnetically-activated 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 MRI 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 MRI environment or MRI 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 MRI room.

Please print and 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 MRI 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: _____