

AUSTIN RADIOLOGICAL ASSOCIATION METAL SCREENING FORM

THE FOLLOWING ITEMS MAY BE HAZARDOUS OR MAY INTERFERE WITH THE MRI EXAMINATION BY PRODUCING AN ARTIFACT.



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. **The MR system magnet is ALWAYS on.**

Please indicate if you have any of the following:

- | | | |
|-----|----|--|
| Yes | No | Are you pregnant |
| Yes | No | Ever had metal removed from eye |
| 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 | Neurostimulation system |
| 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 |
| 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 | Body piercing jewelry |
| Yes | No | Hearing aid (<i>Remove before entering MR system room</i>) |
| 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

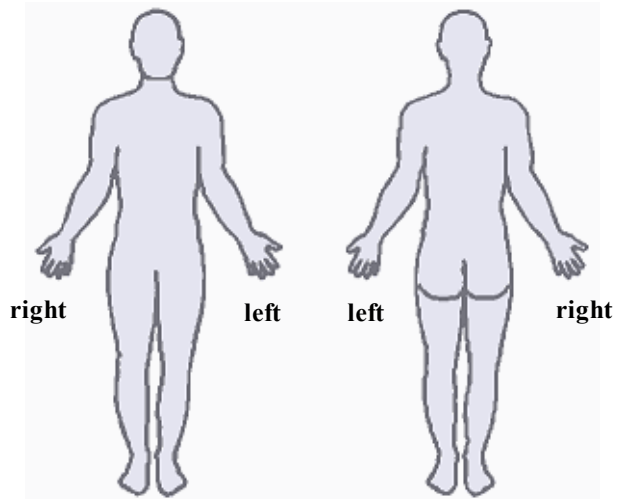
Before entering the MR environment or MR system, you will be asked to change into a gown and remove your shoes. You must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hairpins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clippers, tools, clothing with metal fasteners, & 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.

FRONT

BACK



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

Patient's Signature _____	Date _____
Front Desk staff signature _____	Date _____
Technologist signature _____	Date _____