

Patient Name:

Acct #:

Appt Date:

WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure

- YES     No    Aneurysm clip
- YES     No    Cardiac Pacemaker or ICD (cardioverter defibrillator) **STOP** cannot have MRI
- YES     No    Diabetes Glucose Monitor (Libre, Dexcom) **\*\*MUST BE REMOVED\*\***
- YES     No    Electronic/Magnetic Implant
- YES     No    Cochlear or ear implant (stapes)
- YES     No    Drug infusion device (Insulin pump, morphine pump), Internal Stimulator ex. neurostimulator
- YES     No    Penile Implant
- YES     No    Heart Valve prosthesis
- YES     No    Eyelid spring or wire, eye prosthesis
- YES     No    Artificial or prosthetic limb
- YES     No    Stent, filter or coil anywhere in body
- YES     No    Shunt (spinal or intraventricular)
- YES     No    Metal fragments in eyes from welding/metal work/shavings
- YES     No    Medication patch (nicotine, nitro)
- YES     No    Any metal fragment/foreign body/bullets/pellets anywhere in body
- YES     No    Tissue expander e.g. Breast Reconstruction
- YES     No    Surgical staples, clips, sutures
- YES     No    Bone joint pin, screw, nail, wire, plate, joint replacement ex: hip, knee
- YES     No    Cancer history for yourself? If yes, what type? \_\_\_\_\_
- YES     No    Microblading/Perm makeup: Date done \_\_\_\_\_
- YES     No    Hearing aid    **\*\*MUST BE REMOVED\*\*\***
- YES     No    Magnetic Eye Lashes    **\*\*MUST BE REMOVED\*\***



**PLEASE DESCRIBE ANY surgeries you have had during your LIFETIME:**

\_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ Claustrophobia?    \_\_\_\_\_ YES    \_\_\_\_\_ NO

For Female Patients Only:    Date of LMP    \_\_\_/\_\_\_/\_\_\_    Are you Pregnant:    Yes    No    Not sure    (If YES or NOT SURE you may NOT be able to have this exam, please inform front desk immediately)

Breast feeding:    Yes    No

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and about the MRI exam. I consent to the MR procedure that I am about to undergo.

\* Signature of Patient \_\_\_\_\_

Signature of MRI Technologist \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT INSTRUCTIONS**

Before entering the MR environment or MR system room, you **MUST** remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eye glasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paper clips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners and clothing with metal threads