



PLACE LABEL HERE

If no label write in name and MRN

Date: _____

Height: _____ Weight: _____



WARNINGS AND IMPORTANT INSTRUCTIONS
!!MAGNET IS ALWAYS ON!!

Certain implants and devices may be hazardous to you and/or may interfere with the MR procedure. Do not enter The MR system room if you have any questions regarding an implant, device, or object. Before entering the MR environment you must remove all metallic objects including hearing aids, dentures, partial plates, keys, pager, cell phone, hairpins, jewelry, body piercing jewelry, watch, safety pins, credit cards, (any card with a magnetic strip), pocket knife, nail clippers, and tools. Consult the MR technologist BEFORE entering the MR system room!

- Do you have any allergies? (if yes please list on back of form) Yes No
- Have you ever had any surgery? (if yes please list on back of form) Yes No
- Have you ever had an MRI? Yes No
- Do you have claustrophobia? Yes No
- Have you ever had IV **or** oral contrast material for a MRI exam? Yes No
- If yes, did you have any discomfort, ill effects or allergic reaction? Yes No
- Do you have trouble lying down for 45 minutes or more? Yes No
- Do you have heart or vascular disease? Yes No
- Do you have asthma? Yes No
- Is there a chance you may be pregnant? Yes No
- Are you breast feeding? Yes No
- Do you have a history of kidney disease? Yes No
- Do you have diabetes? Yes No
- Are you on dialysis? Yes No
- If on dialysis when is your treatment? _____

Please indicate if you have any of the following:

- Do you have breathing difficulties while lying down? Yes No
- Do you have surgical staples, clips, or metallic sutures? Yes No
- Do you have a vascular access port or catheter? Yes No
- Do you have a heart valve prosthesis? Yes No
- Are you wearing a medication patch? (i.e. Nicotine, Nitroglycerine) Yes No
- Do you have an artificial or prosthetic limb? Yes No
- Do you have an IUD, diaphragm, or peccary? Yes No
- Do you have a joint replacement (hip, knee etc) **or** bone/joint pin? Yes No
- Do you have dentures or partial plates? Yes No
- Do you have a tattoo or permanent makeup? Yes No
- Do you have any body piercing jewelry? Yes No
- Do you have an electronic implant or device? Yes No
- Do you have any radiation seeds or implants? Yes No
- Do you have a hearing aid? Yes No
- Do you have a wire mesh implant? Yes No
- Do you have any other implant? (if yes, please list on back of form) Yes No

MR Scan can most likely be done with these objects:

- Do you have any type of prosthesis (eye, penile, etc)?..... Yes No
Do you have an eyelid spring or wire?..... Yes No
Do you have a metallic stent, filter, or coil?..... Yes No

If yes, please list location, make and model and date of insertion

- Do you have any metallic fragments or foreign body?..... Yes No
(e.g., shrapnel, bullet or BB)

Items that may or may not be MRI conditional:

- Do you have an aneurysm clip(s)?..... Yes No
Do you have an ICP bolt?..... Yes No
Do you have an electronic, mechanical or magnetic implant?..... Yes No
Do you have a neuro-stimulator, DBS or VNS?..... Yes No
Do you have a spinal cord stimulator?..... Yes No
Do you have internal electrodes or wires?..... Yes No
Do you have a bone growth or bone fusion stimulator?..... Yes No
Do you have a cochlear or other ear implant?..... Yes No
Do you have an implanted insulin **or** other infusion or pain pump?..... Yes No
Do you have a shunt (spinal or ventricular)?..... Yes No
Do you have a tissue expander?..... Yes No

These items are generally contraindicated for MRI:

- Have you ever had an injury to your eye involving metallic Yes No
object or fragment?
Do you have a cardiac pacemaker **or** implanted cardio defibrillator?.. Yes No
Do you have a Swan-Gantz or thermo dilution catheter? Yes No

Please list the types and dates of surgeries, list and describe allergies, list the model and date of insertion for any implants or stents below.

Information reviewed by:

Performing Technologist: _____

Supporting Staff (Tech or Clinical Assoc.): _____

Entered into EPIC by: _____