

# MRI Safety Screening



Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please do not enter the scan room with any of the following or any magnetic items:**

- |  |             |  |                    |
|--|-------------|--|--------------------|
| Removable Prosthetic Limb                                    | Watch       | Jewelry  | Wallet             |
| Credit Cards   | Money Clips | Pens/Pencils   | Underwire Supports |
| Barrettes/Hair Pins  | Keys        | Pocket Knife   | Safety Pins        |
| Clothing Containing Metallic Threads (in some athletic wear) |             | Exercise Monitoring Device (ie. Fitbit, pedometers,etc.) |                    |

**WARNING**

Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure. Consult the MRI Technologist **BEFORE** entering the MRI room. The MRI system is **ALWAYS ON.**

**DO YOU CURRENTLY HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?**

1.  Yes  No Pacemaker, pacing wires, implanted cardiac defibrillator
2.  Yes  No Tissue expander
3.  Yes  No Brain aneurysm clips or Brain Surgery
4.  Yes  No Heart surgery / Heart valve
5.  Yes  No Shunts / Stents / Intravascular coils
6.  Yes  No Neurostimulator / Bone stimulator / Removed Neurostimulator / Bladder Stimulator
7.  Yes  No Penile prosthesis
8.  Yes  No Insulin pump  
 Yes  No Removed?
9.  Yes  No Implanted drug infusion pump
10.  Yes  No Eye Surgery / Eye Implants
11.  Yes  No Injury to eye involving metal or metal shavings
12.  Yes  No Ear surgery / Cochlear implants
13.  Yes  No Hearing Aids  
 Yes  No Removed?
14.  Yes  No Medicine patch (nitroglycerin, nicotine etc.)
15.  Yes  No Diaphragm / IUD / Pessary
16.  Yes  No Orthopedic pins / rods / screws / joint replacement or prosthetic limb.  
If yes, please describe \_\_\_\_\_
17.  Yes  No Any Bullets, BB's or Shrapnel etc.
18.  Yes  No Kidney Problems  
 Yes  No Are you on Dialysis?
19.  Yes  No Removable dentures
20.  Yes  No Eyelid / permanent tattoo
21.  Yes  No DO YOU HAVE ANYTHING AT ALL IMPLANTED IN YOUR BODY? \_\_\_\_\_

**You will be handed a communication ball to squeeze to alert the technologist if you are experiencing claustrophobia/anxiety/emotional distress.**

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 have had the opportunity to ask questions regarding the information on this form.

\_\_\_\_\_  
Patient /Parent / Legal Guardian

\_\_\_\_\_  
Technologist / Witness Signature