

PATIENT NAME: _____ DATE SCHEDULED: _____

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____

Some of the following items may be hazardous to your safety and some can interfere with the MRI examination. Please check the correct answer for each of the following. Do you have any of the following?

- | | |
|---|--|
| <input type="checkbox"/> Cardiac pacemaker | <input type="checkbox"/> Any implant held in place by a magnet |
| <input type="checkbox"/> Implanted cardiac defibrillator | <input type="checkbox"/> Transdermal delivery system (Nitro) |
| <input type="checkbox"/> Aneurysm clip(s) | <input type="checkbox"/> IUD or diaphragm |
| <input type="checkbox"/> Carotid artery vascular clamp | <input type="checkbox"/> Tattooed makeup (eyeliner, lip) |
| <input type="checkbox"/> Neurostimulator | <input type="checkbox"/> Any metal fragments |
| <input type="checkbox"/> Insulin or infusion pump | <input type="checkbox"/> Body piercing(s) |
| <input type="checkbox"/> Implanted drug infusion device | <input type="checkbox"/> Internal pacing wires |
| <input type="checkbox"/> Bone growth/fusion stimulator | <input type="checkbox"/> Aortic clip |
| <input type="checkbox"/> Cochlear, otologic, or ear implant | <input type="checkbox"/> Metal or wire mesh implants |
| <input type="checkbox"/> Any type of prosthesis (eye, penile, etc.) | <input type="checkbox"/> Wire sutures or surgical staples |
| <input type="checkbox"/> Heart valve prosthesis | <input type="checkbox"/> Harrington rods (spine) |
| <input type="checkbox"/> Artificial limb or joint | <input type="checkbox"/> Metal rods in bones |
| <input type="checkbox"/> Electrodes (on body, head, or brain) | <input type="checkbox"/> Joint replacement |
| <input type="checkbox"/> Intravascular stents, filters, or coils | <input type="checkbox"/> Bone/joint pin, screws, nail, wire, plate |
| Copy of stent card needed | <input type="checkbox"/> Hearing aid (remove before MRI) |
| <input type="checkbox"/> Shunt (spinal or intraventricular) | <input type="checkbox"/> Dentures (remove before MRI) |
| <input type="checkbox"/> Vascular access port and/or catheter | <input type="checkbox"/> Breathing disorder |
| <input type="checkbox"/> Swan-Ganz catheter | <input type="checkbox"/> Known allergies |
| <input type="checkbox"/> Orbits needed | If yes, please list: _____ |
| <input type="checkbox"/> Pregnancy breast feeding | _____ |
| <input type="checkbox"/> Do you wear a drug patch | |
- If yes, what type: _____

- Have you encountered problems with previous MRI exams regarding the above items?
- Do you have a personal history of kidney disease or renal failure?

Further information:

Before your MRI, please remove all metallic objects including keys, hair pins, barrettes, jewelry, watch, safety pins, paper clips, money clips, credit cards, coins, pens, belt buckle or metal buttons, pocket knife, and clothing with metal in the material.

SIGNATURE OF PERSON COMPLETING FORM/RELATIONSHIP TO PATIENT.