

MRI SAFETY FORM

All metal must be removed prior to your MRI Examination. This includes: keys, hairpins, barrettes, jewelry, body piercings, watch, pocket knife, safety pins, wigs, dentures, hearing aids, etc. You will be asked to remove your street clothes and put on a gown. A locker with a key is provided to lock up your clothes and valuables.

LIST ALL SURGERIES AND APPROXIMATE DATE IT WAS PERFORMED

• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____

FOR SAFETY AND OPTIMAL IMAGE QUALITY, PLEASE ANSWER IF YOU HAVE OR HAVE HAD THE FOLLOWING

YES NO Prior problems with MRI	YES NO Insulin pump or other external infusion pump
• Please describe _____	YES NO Glucose monitor (remove)
YES NO Do you have an implant that you were notified it had been recalled	YES NO Electronic or magnet implant or device
YES NO Brain aneurysm clip	YES NO Anything held in place by a Magnet
YES NO Shunt (spinal or intraventricular)	YES NO Any injuries with metal objects/foreign bodies? (BB, bullet, shrapnel, shaving, fragments)
YES NO Eyelid spring or other implant _____	• Type/location _____
YES NO Injury from metal (shavings, slivers) in eye	YES NO Tissue expander (e.g. breast)
Did you seek medial attention? YES NO	YES NO Joint replacements (hip, knee, etc.)
YES NO Cochlear or any other ear implant	YES NO Artificial or prosthetic limb
• Type/date implanted _____	YES NO Prosthesis (eye, penile, etc.)
YES NO Heart valve prosthesis	YES NO Spinal fusion or fixation
YES NO Cardiac pacemaker	YES NO Bone/Joint pins, screw, nail, wire, plates etc.
YES NO Implanted cardiac defibrillator	YES NO Surgical staples, clips
YES NO Heart monitor/Loop recorder	YES NO Surgical mesh implant
• Type/date implanted _____	YES NO Metal clips in stomach for bleeding
YES NO Swan-Ganz Catheter	YES NO Tattoo or permanent makeup
YES NO Stimulator (Neuro, spinal, vagus, sacral, phrenic, bladder, bone growth, deep brain)	YES NO Wig, toupee or hair extensions
• Type/location _____	YES NO Medications patches
YES NO Internal electrodes or wires	YES NO Currently pregnant or breastfeeding
YES NO Any stent, filter or coil	YES NO Dialysis or history of renal (kidney) disease
• Type/location _____	YES NO IUD, diaphragm, pessary
YES NO Implanted drug infusion device or Vascular access port or catheter (Hickman, Port-a-Cath)	YES NO Body piercing (remove)
YES NO Magnetic eyelashes/eyeliner	YES NO Hearing aid (remove)
	YES NO Dentures, partial plates (remove)
	YES NO Any other implants

Patient Name: _____ DOB: _____ Weight: _____ Height: _____

Name of person completing the form if other than patient: _____ Spouse Parent Other: _____

Signature: _____ Date: _____

MRI Safety form evaluated prior to the XR (tech initials) _____	OFFICE USE ONLY	PID # _____
MRI Technologist Signature: _____		Date: _____