



MRI Screening Form

MRN # _____

Patient Name: _____ Height _____ Weight _____

(please check)

YES NO

For SAFETY reasons, please answer the following questions

- Pacemaker, heart valve, stent, filter, nitro patch, or other cardiac implants (circle)
- Have you ever had brain surgery?
- Do you have aneurysm clips in the brain?
- Have you ever had surgery on the eyes or inner ears?
- Do you have metal in your eyes?
- Have you ever worked with cutting, grinding, or welding metal?
- Do you have any implanted devices in your body? (pain pump, insulin pump, bone growth stimulator, tens unit, penile implant, etc..) please list
- Do you wear hearing aids? (Please remove prior to MRI)
- Do you have tattooed eyeliner, body piercing (please circle)
- Do you have metal in your body? (shrapnel, gunshot wound, surgically implanted rods, pins, plates, screws, IUB, etc...)
- Do you wear removable dental work? (may need to be removed)

(please check)

YES NO

For CLINICAL reasons, please answer the following questions

- Are you possibly pregnant? Or nursing?
- Have you ever been diagnosed with cancer?
- Do you have anemia, sickle cell anemia, or hemolytic anemia?
- Do you have any kidney disease or renal failure?

On certain exams, we may need to inject a special image enhancement agent (Gadolinium) to improve the images that are created on your exam. This agent is safe; however, a small number of patients may experience headaches, nausea or vomiting. Serious reactions occur in less than 1% of patients. A medication guide is available on request. I have read and understand the above. I give consent for this exam and the injection of Gadolinium if necessary. I hereby certify that the above questions have been answered to the best of my knowledge.

Patient or Guardian Signature

Date

TECHNOLOGIST NOTES: (Must note signs/symptoms, history and scan performed)

10cc of PH / MH

Technologist Signature

Unless specified above

Technologist Signature _____

Date: _____