

NAME:

MRN.

TO OUR PATIENTS AND ACCOMPANYING FAMILY MEMBERS...

The MR room contains a very strong magnet. Before you are allowed to enter, we must know if you have any metal in your body. Some metal objects can interfere with your scan or may even be dangerous, so PLEASE answer the following questions carefully. If you have any questions, PLEASE ASK US!

What is your approximate weight? _____

Yes No Are you frightened of narrow or closed spaces? (i.e. claustrophobic?)

Yes No Have you ever had metal in either eye?

Yes No Have you ever had metal removed from eyes?

Yes No Are you pregnant or possibly pregnant? (MRI has been proven safe with pregnancy at any stage however we want to inform you)

Yes No Are you breast feeding?

Do you have any of the following devices implanted in your body?

- Yes No Heart pacemaker or internal defibrillator
Yes No Brain aneurysm clip
Yes No Ear cochlear Implant
Yes No Artificial heart valve
Yes No Spinal neurostimulator
Yes No Drug infusion pump
Yes No Magnetic Implant anywhere

PACEMAKERS ARE CONSIDERED UNSAFE AND CAN PRODUCE FATAL HEART RYTHMS WHEN EXPOSED TO MRI DEVICES.

The following items may become damaged or cause injury to others in a strong magnetic field. THEY MUST NOT BE TAKEN INTO THE SCAN ROOM. You will be instructed to remove these items and place them in your locker.

- Hearing Aid, Glasses, Watch, Safety Pins, Hairpins/barrettes, Pessary, Jewelry and pins, Metal zippers or buttons, Bra/girdle, Steel shank shoes or heels, Magnetic braces, Personal electronics, IPODs MP3 etc.
Purse/pocketbook, Pens/pencils, Keys, Coins, Credit or bank cards, Wigs/hair pieces, Wallet/money clip, False teeth or retainers, Pocketknife, Belt metal buckles or suspenders, Paper clips

Do you have any of the following items in or on your body?

- Yes No Body piercing
 Yes No Eyelid tattoo (can cause eyelid burn)
 Yes No Ortho devices (plates/screws/pins /rods/wires)
 Yes No Bullets, BBs, shrapnel or pellets ? part of body
 Yes No Dentures or braces
 Yes No Penile prosthesis
 Yes No Coil, filter, or wire in blood vessel approximate date of placement:
 Yes No Arterial vascular stent approximate date of placement:

Information Concerning Gadolinium Contrast Material

As part of your examination, the radiologist may deem it advisable to give you an I.V. injection of a contrast agent containing gadolinium. This injection may help the physician more accurately diagnose your condition. Although gadolinium contrast agents have been used safely in millions of cases, minor reactions (principally headache or nausea) occur in about 2% of patients, whereas serious reactions have been reported in about one in 400,000 patients.

Yes No Have you ever had a previous allergic reaction to gadolinium contrast material?

Yes No Do you have known decreased kidney function or kidney failure?

I attest that the answers I have provided to questions on this form are 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.

Signature of Patient (Parent or Guardian for minor)

Date Signed: