### MRI SCREENING FORM

**Date:** __________  **Phone/Cell number:** _________________  
**Name:** __________________________  **Birth date:** ___________  **Height:** ___________  **Weight:** ___________

1. **Have you ever had surgery or other invasive procedures?**  
   - Yes  
   - No

2. **Have you ever worked with metal (grinding, fabricating, etc.) or ever had an injury to the eye involving a metallic object (e.g., metallic silvers, shavings, BBs or pellets)?**  
   - Yes  
   - No

3. **Are you pregnant or experiencing a late menstrual period?**  
   - Yes  
   - No

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### IMPORTANT INSTRUCTIONS:

Remove all metallic objects before entering the MR environment or MR system room including hearing aids, beeper, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, steel-toed boots/shoes, and tools. Loose metallic objects are especially prohibited in the MR system room and MR environment.

Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.

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### Earplugs are required during the MRI examination.

**Date:** ________/______/______

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### DIAGNOSTIC TESTS • MRI SCREENING FORM

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac pacemaker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implanted cardiac defibrillator</td>
<td></td>
<td></td>
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<tr>
<td>Aneurysm clip or brain clip</td>
<td></td>
<td></td>
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<tr>
<td>Carotid artery vascular clamp</td>
<td></td>
<td></td>
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<tr>
<td>Neurostimulator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insulin or infusion pump</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implanted drug infusion device</td>
<td></td>
<td></td>
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<tr>
<td>Spinal fusion stimulator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cochlear, otologic, or ear implant</td>
<td></td>
<td></td>
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<tr>
<td>Ear tubes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prosthesis (eye/orbital, penile, etc.)</td>
<td></td>
<td></td>
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<tr>
<td>Implant held in place by a magnet</td>
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<tr>
<td>Heart valve prosthesis</td>
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<tr>
<td>Artificial limb or joint</td>
<td></td>
<td></td>
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<tr>
<td>Other implants in body or head</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrodes (on body, head or brain)</td>
<td></td>
<td></td>
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<tr>
<td>Intravascular stents, filters, or coils</td>
<td></td>
<td></td>
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<tr>
<td>Shunt (spinal or intraventricular)</td>
<td></td>
<td></td>
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<tr>
<td>Vascular access port or catheters</td>
<td></td>
<td></td>
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<tr>
<td>Swan-Ganz catheter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transdermal medication patch(es) (Remove before scan)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Warning:** Some of the following items may be **extremely** hazardous to your safety and some can interfere with the MRI examination. Please check No or Yes if you have the following.

- Cardiac pacemaker
- Implanted cardiac defibrillator
- Aneurysm clip or brain clip
- Carotid artery vascular clamp
- Neurostimulator
- Insulin or infusion pump
- Implanted drug infusion device
- Spinal fusion stimulator
- Cochlear, otologic, or ear implant
- Ear tubes
- Prosthesis (eye/orbital, penile, etc.)
- Implant held in place by a magnet
- Heart valve prosthesis
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Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.

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**Earplugs are required during the MRI examination.**

**Date:** _____/_____/______

**Reviewed by:**

- MRI Technologist
- Radiologist

**PRINT Name:**

- SAFESCAN
- INITIALS: ______