



## MRI SCREENING FORM

PATIENT NAME \_\_\_\_\_

Account # \_\_\_\_\_

(please check)

YES      NO


**\*\*For your SAFETY, please answer the following\*\***

**DO YOU HAVE ANY OF THE FOLLOWING**

Pacemaker, heart valve, stent, filter, nitro patch, or other cardiac implants (please 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, IUD, etc...)

Do you wear removable dental work? (may need to be removed)

**\*\*For CLINICAL reasons please answer the following\*\***

**DO YOU AVE ANY OF THE FOLLOWING? (PLEASE CIRCLE)**


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.

**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

10cc of Magnevist

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

\_\_\_\_\_  
(unless otherwise indicated)

\_\_\_\_\_  
Technologist Signature

\_\_\_\_\_  
Date