



DEPARTMENT of RADIOLOGY

1-888-656-4723

MRI Screening

Patient Name: _____

DOB: _____

Date: _____

NexGen#: _____

Referring MD: _____

Weight: _____

History of contrast reaction Yes No

Are you pregnant? Yes No

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

Aneurysm clips Yes No

Implanted Cardiac Pacemaker or Yes No

Defibrillator

Electronic implant or device Yes No

Magnetically-activated implant or device Yes No

Neurostimulation system Yes No

Spinal cord stimulator Yes No

Bone growth or bone fusion stimulator Yes No

Cochlear, otologic, or other ear implants Yes No

Insulin or other infusion pumps Yes No

Any type of prosthesis (i.e. penile, etc) Yes No

Heart valve prosthesis Yes No

Eyelid spring or wire Yes No

Any implanted Shunt (spinal or Yes No

Intraventricular)

Do you work with metal grinding or Yes No

shaving of any kind?

Have you ever had a metallic foreign Yes No

body in your eye?

Implanted Vascular access port or catheter Yes No

Artificial or prosthetic limb Yes No

Metallic stent, filter, or coil Yes No

Medication patch of any type (nicotine

Nitroglycerine, hormones, etc) Yes No

Wire mesh implant Yes No

Tissue expander (i.e. breast) Yes No

Surgical staples, clips, or metallic sutures Yes No

Joint replacement (hip, knee, etc) Yes No

Bone or joint pin, screw, nail wire, plate, etc Yes No

IUD, diaphragm, or pessary Yes No

Dentures or partial plates Yes No

Tattoo or permanent make-up Yes No

Body piercing jewelry Yes No

Hearing aid Yes No

Any Other Implant Yes No

Breathing problem or motion disorder Yes No

Have you ever had a metallic foreign body

anywhere in your body? BB or bullet or splinter

or any other metal? Yes No

Date of Last menstrual period: _____

What is the reason for your MRI Study? _____

Where and what side is your pain/discomfort? _____

Patient or Patient's Representative Signature:

Date:

Relationship (if signed by person other than the patient):

Information Form Reviewed by (Employee Name):

Radiologist Printed Name & Initials:

Hand Held Screening Performed by (Employee Name):