



**MRI SCREENING FORM**

DATE: \_\_\_\_\_ PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ MALE:  FEMALE:

Please mark yes if you **CURRENTLY** have any of the following.

Certain implants, devices, or objects may be hazardous to you and/or may interfere with your MRI procedure.

|  | YES |   | YES |
|--|-----|---|-----|
| CARDIAC PACEMAKER                      |     | INFUSION/DRUG PUMP                                    |     |
| IMPLANTED CARDIAC DEFIBRILLATOR (ICD)  |     | MEDICATION PATCH                                      |     |
| STENTS OR VALVE REPLACEMENTS           |     | VASCULAR ACCESS PORT/CATHETER                         |     |
| ANEURYSM CLIP                          |     | EYELID OR SPRING WIRE                                 |     |
| SHUNT                                  |     | WIRE MESH IMPLANT                                     |     |
| AORTIC CLIP                            |     | JOINT REPLACEMENT                                     |     |
| VASCULAR COILS OR FILTERS              |     | JOINT PROSTHESIS                                      |     |
| HEART MONITORS OR OTHER ELECTRODES     |     | SURGICALLY IMPLANTED<br>PINS/NAILS/SCREWS/PLATES/RODS |     |
| STIMULATORS/WIRES/LEADS                |     | SURGICAL STAPLES/CLIPS/METALLIC SUTURES               |     |
| EXTERNAL/INTERNAL MONITORING DEVICES   |     | DENTAL BRACES/DENTURES/PARTIAL PLATES                 |     |
| MAGNETICALLY ACTIVATED IMPLANT/DEVICE  |     | HEARING AID (REMOVE BEFORE EXAM)                      |     |
| ELECTRONIC IMPLANT OR DEVICE           |     | RADIATION SEEDS/IMPLANTS                              |     |
| BREAST TISSUE EXPANDER                 |     | MAGNETIC MAKEUP/EYELASHES                             |     |
| PENILE IMPLANT                         |     | TATTOO'S/PERMANENT MAKE-UP                            |     |
| STAPES EAR IMPLANT                     |     | BODY PIERCING/JEWELRY                                 |     |
| COCHLEAR IMPLANT                       |     | PREGNANT OR BREASTFEEDING                             |     |
| SHRAPNEL/BULLET(S)/METALLIC FRAGMENTS  |     | OTHER/IMPLANTS:<br>_____                              |     |
| METALLIC FRAGMENT/FOREIGN BODY IN EYES |     | CLAUSTROPHOBIC  |     |

I do not have any of the above implants.

Remove all metallic/electronic objects before entering the MRI room including hearing aids, cell phones, keys, jewelry, watches, wallet, coins, credit cards or any cards that have a magnetic strip, key cards, electronic devices, monitoring devices, weapons, tools, any loose metallic objects, belts, suspenders, magnetic devices or make-up, wigs or hair pieces that may have clips, springs, or pins.

Your own wheelchair, cane, walker, or oxygen tank are especially prohibited in the MRI room, such items will be provided by the staff.

**WARNING:** If you have any questions/concerns regarding an implant, device or object consult the MRI technologist **BEFORE** entering the MRI room.

X \_\_\_\_\_

**Patient (Caregiver or Guardian) Signature**

My signature indicates that I have read the patient screening form and I have had the opportunity to ask questions. I acknowledge all objects listed above are not permitted in the MRI room and that Upright MRI of Colorado will not be responsible for any damage to any such objects brought into the MRI room.

Tech Notes: \_\_\_\_\_