



Outpatient Safety Screening for Magnetic Resonance (MR) Procedure

Procedure Ordered: _____

The MRI Technologist will check this completed screening form and explain the exam prior to beginning. **You will be asked to remove all metal objects and to change into an approved MR safe garment(s) before entering MR room.** During the scanning process, it is vital to lie still for the entire scan. It is normal to hear loud knocking sounds. Earplugs will be provided to keep the noise to a minimum and protect your hearing. If an MRI with contrast is ordered by your physician, an IV injection will be necessary and medication guide will be provided. Please consult the MRI Technologist if you have any questions or concerns before you begin the MRI scan.

The following may be harmful to you or interfere with your procedure. Please check all that apply.

MEDICAL DEVICES CHECK ALL THAT APPLY

- Aneurysm clip/coil
- Artificial heart valve
- Cardiac pacemaker, defibrillator, or loop recorder
- Cochlear implant/internal hearing aid
- Diaphragm, IUD, Pessary
- Electronic, mechanical, or magnetic implant or device
- Metallic filter, Stent or Coil
- Internal electrodes or wires
- Orthopedic hardware (pins, screws, plates, rods, etc.)
- Prosthesis (eye, joint, limb, penile, etc.)
- Shunt (spinal or intraventricular)
- Stimulator (neuro, bone or bio)
- Tissue expander (e.g. breast)
- Medication patches
- Insulin, drug, or pain infusion pumps
- Eyelid spring or wire
- Vascular access port or catheter
- Wire mesh implant
- Gastric reflux device (e.g. LINX)
- Radiation seeds or markers
- Other implants: _____
- None

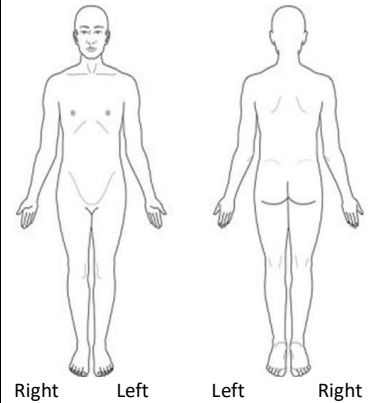
Do you have your Medical Device Cards with you? *Yes or No*

NON-MEDICAL CONTRAINDICATIONS CHECK ALL THAT APPLY

- APPLY
- BB/ Bullet/Shrapnel
 - Body piercings
 - Dentures
 - Permanent dental plates or partials
 - Hearing aid
 - Magnetic eyelashes
 - Metal fragments in eye or body parts
 - Permanent jewelry
 - Permanent makeup
 - Tattoo(s)
 - Wig, hair extensions, pins, implants
 - Contact Lenses (colored)
 - Claustrophobia
 - Wound dressing bandages
 - Other: _____
 - None

MR Hazard Checklist

Please mark the location of any implant, device or metallic foreign body inside your body or site of surgical operation.



List previous surgeries: _____

History of cancer? *Yes or No* Patient Weight: _____ lb. Patient Height: _____ ft. _____ in.

Allergies: _____

Female patients only: Last menstrual cycle: _____ Pregnant: *Yes or No* Breast Feeding: *Yes or No*

I (the patient/guardian/next-of-kin) have read and verified the above information and have had the opportunity to ask questions regarding my MRI procedure.

Patient/Guardian/Next-of-Kin: _____
Print Name Signature Date/Time

MRI Technologist: _____
Print Name Signature Date/Time

To be completed by MRI Technologist: _____

eGFR: _____ BUN: _____ Creatinine: _____ Date Drawn: _____ FDA Medication Guide Date Given: _____

PLACE PATIENT LABEL HERE