

MRI DEPARTMENT PATIENT SAFETY SCREENING SHEET

Patient Name: _____ Date: _____ Wt _____ (max weight of 350 lbs)

The following items may interfere with your MRI scan and some can be potentially hazardous. Please indicate if you have any of the following:

Exam CAN NOT be performed:

Circle one:

Cardiac Pacemaker / Defibrillator:	Y	N
Neurostimulator/Spinal Cord Stimulator:	Y	N
Cochlear Implant (Ear):	Y	N
Implanted Electrical Devices:	Y	N
Tissue Expander:	Y	N

Exam needs *FURTHER INFORMATION* to continue:

**May need documentation to prove device is MRI safe

**Brain Aneurysm Clip(s):	Type: _____	Date of insertion: _____	Y	N
**Eye Implant / Spring / Wire:	Type: _____	Date of insertion: _____	Y	N
**Penile Implant:	Type: _____	Date of insertion: _____	Y	N
**Shunt:	Type: _____	Date of insertion: _____	Y	N
	Programmable?:	Y	N	
Stent(s):	Type: _____	Date of insertion _____	Y	N
Heart Valve Prosthesis:	Type: _____	Date of insertion: _____	Y	N
Ear Implant:	Type: _____	Date of insertion: _____	Y	N
Cardiovascular Catheter	Type: _____	Date of insertion: _____	Y	N
Other Metallic Implant	Type: _____		Y	N

The bore of the MRI scanner is 58cm in diameter. Please contact an MRI tech at x-3815 for assistance determining if patient will fit into scanner. Did you contact MRI: Y N

Exam CAN be performed:

Surgical Clips / Staples:	Y	N
Insulin Pump:(Must be removed before MRI exam)	Y	N
Greenfield Vena Cava Filter(Or any filter or coil):	Y	N
Pain Patches / Nicotine Patches: (will need to come off before MRI exam)	Y	N
IUD / Pessary:	Y	N
Metal Fragments / Metal Foreign Body:	Y	N
Body Piercing(s) / Tattoo	Y	N
Have you had any recent incident of metal sliver(s) in your eye(s)?	Y	N
	Removed?:	Y N

Are you pregnant?: _____ Y N NA

I attest the above information is correct to the best of my knowledge.

Patient Signature: _____ Date: _____ Time: _____

Parent *or* Legal Guardian: _____ Date: _____ Time: _____

Reviewed by: _____ Date: _____ Time: _____