



PATIENT LABEL

NORTHERN BERKSHIRE IMAGING CENTER
MRI PATIENT SAFETY SCREENING SHEET

Patient Name: _____ Date: _____ Wt _____ (max weight of 550 lbs)

The bore of the MRI scanner is 70cm in diameter.
Please contact MRI if you need assistance determining if patient will fit into scanner.

The following items may interfere with your MRI scan and some can be potentially hazardous. MRI exam may not be able to be performed. Please indicate if you have any of the following. Further information may be needed prior to exam to ensure MRI scan can be done safely.

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

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
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.

Date: _____ Time: _____ Patient Signature: _____

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

Date: _____ Time: _____ Reviewed by: _____
(Must be signed by Nurse/MD reviewing with patient)

Date: _____ Time: _____ Reviewed by MRI Staff: _____