

MRI SCREENING FORM

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DO YOU CURREN	NTLY HAVE	ANY OF THE FOLLOWIN	IG?			
Pacemaker	☐ Yes	☐ No	Allergies (Medications/Mate	rials)	No No	
Aneurysm Clips	☐ Yes	☐ No	Fx Bones w/Metal		s 🔲 No	
Carotid Clips	☐ Yes	□ No Rods/Plates/Screws □ No Prosthesis		☐ Yes	☐ No	
Neurostimulator	☐ Yes			☐ Yes	No	
Heart Valve	☐ Yes	☐ No	Wire Sutures	☐ Yes	No	
Insulin Pump	☐ Yes	☐ No	Removable Dentures	☐ Yes	No	
Hearing Devices	☐ Yes	☐ No	Shrapnel	☐ Yes	□ No	
IUD	☐ Yes	☐ No	Metal Fragments	☐ Yes	□ No	
Shunt	☐ Yes	☐ No	Joint Replacement	☐ Yes	□ No	
Other metal implant	s (Please des	cribe):			9.0	
Have you ever work	ked with grindi	ng metal?	If yes, did you wea	r goggles:		
Have you ever had	metal remove	d from your eyes?				
I have read an	nd answer	ed all of the above	truthfully and to the k	est of my kno	wledge.	
Dational Cinnertons /F						
Patient Signature (F	arent/Guardia	an, if patient is a minor)	Date			
Witness			Date			
Hx Reviewed by:			<u>Min</u> <u>02 SAT</u>	<u>Pulse</u>	<u>BP</u>	
Scanned by:			00			
Filmed by:			15			
Gadolinium: cc			30			
Sedation: cc/mg			45			
			60			