

Magnetic Resonance (MR) Procedure Safety Screening Form

Date: _____ Patient MRN#: _____

Name (last, first, middle): _____ Sex: M F

Date of birth: _____ Height: _____ Weight: _____

(Inpatients) Floor: _____ Room: _____ Ext: _____ Contact: _____

____ IV ____ IVAC ____ Oxygen ____ Wheelchair ____ Gurney

Note: All mechanical pumps/devices must be disconnected prior to transport to MRI.

Body part to be examined: _____ Reason: _____

Referring Physician: _____

Please answer all of the following YES or NO and describe where indicated.

Have you ever experienced any problems related to a prior MRI? YES NO

If YES, please describe: _____

Have you ever had prior surgery or an operation of ANY kind? YES NO

If YES, please list surgeries and approximate dates: _____

Have you ever had any prior studies related to today's study? YES NO

If YES, please describe (approx. date, study performed, facility): _____

Have you ever had an injury from a metal object/fragment in your eye (metal slivers, metal shavings, etc.)? YES NO

If YES, please describe: _____

Are you pregnant or suspect you may be pregnant? YES NO

Date of last menstrual period: _____ Post menopausal? _____

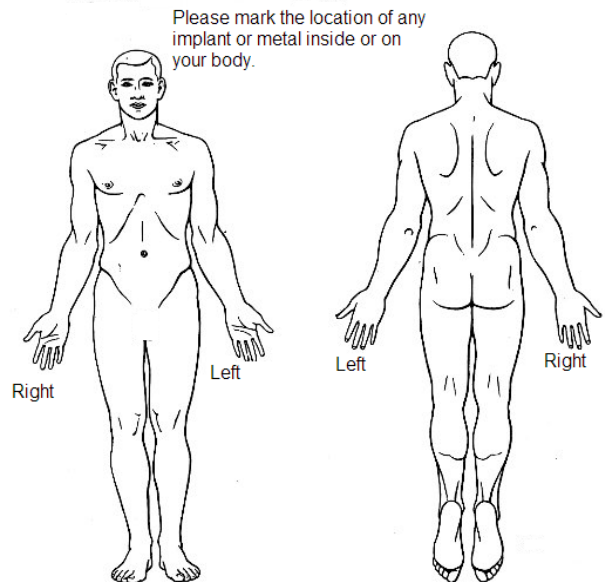


WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure. **Do Not Enter** the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Radiologist **BEFORE** entering the MR suite. **The MR Magnet is ALWAYS ON!**

MR Hazard Checklist—Please indicate if you have any of the following (TWO PAGES):

- Yes No Aneurysm clip(s)
- Yes No Cardiac pacemaker or implanted cardioverter defibrillator (ICD)
- Yes No Any electronic implant or device
- Yes No Magnetically-activated implant or device
- Yes No Neurostimulation system
- Yes No Spinal cord stimulator
- Yes No Internal electrodes or wires
- Yes No Bone growth/bone fusion stimulator
- Yes No Cochlear, otologic, or other ear implant
- Yes No Insulin or other external infusion pump
- Yes No Implanted drug infusion device
- Yes No Any type of prosthesis (eye, penile, etc.)
- Yes No Heart valve prosthesis
- Yes No Eyelid spring or wire
- Yes No Artificial or prosthetic limb
- Yes No Metallic stent, filter, or coil
- Yes No Shunt (spinal or intraventricular)

(continued on back page)



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MR Hazard Checklist—Second Page

Patient Name: _____

- Yes No Vascular access port and/or catheter
- Yes No Radiation seeds or implants
- Yes No Swan-Ganz or thermodilution catheter
- Yes No Medication patch
- Yes No Any metallic fragment or foreign body
- Yes No Wire mesh implant
- Yes No Tissue expander (e.g., breast)
- Yes No Surgical staples, clips, or metallic sutures.
- Yes No Joint replacement (hip, knee, etc.)
- Yes No Bone/joint pin, screw, nail, wire, plate, etc.
- Yes No IUD, diaphragm, or pessary
- Yes No Dentures or partial plates
- Yes No Tattoo or permanent makeup
- Yes No Body piercing or jewelry
- Yes No Wig or hair implants/extensions
- Yes No Hearing aid (*please remove*)
- Yes No Other implant _____
- Yes No Breathing problem or motion disorder
- Yes No Claustrophobia

Instructions for the Patient/Caregiver/Nursing Staff

1. You must wear ear plugs during your MRI examination to prevent hazards related to acoustic noise. You may be asked to wear headphones as well.
If the noise level is still unacceptable, please notify the Technologist immediately.
2. Remove all jewelry (e.g., necklaces, pins, ring). Facility is not responsible for lost items.
3. Remove all hair pins, bobby pins, barrettes, clips, etc.
4. Remove all dentures, false teeth, partial dental plates.
5. Remove hearing aids.
6. Remove eyeglasses
7. Remove your watch, pager, cell phone, magnetic strip cards (credit card, bank cards, etc.)
8. Remove body piercing objects.

I attest that the above information is correct to the best of my knowledge. I have read and understood the contents of this entire form (2 pages) and I have had the opportunity to ask questions regarding the information on this form and the MR procedure that I am about to undergo.

Signature of Person Completing Form: _____ Date: _____

Form completed by: Patient Relative Nurse/Caregiver/Physician: Print Name: _____

Hazard Checklist for MRI Personnel

- Yes No Endotracheal tube
- Yes No Swan-Ganz catheter
- Yes No Extraventricular device
- Yes No Arterial line transducer
- Yes No Foley Catheter with temperature sensor or metal clamp
- Yes No Rectal probe
- Yes No Esophageal probe
- Yes No Tracheotomy tube
- Yes No Guidewires

Form Reviewed By: _____