

Southern Diagnostic Imaging

Patient Weight: _____

Symptoms: _____

ATTENTION: MRI PATIENTS AND ACCOMPANYING FAMILY MEMBERS

The MR scanning room contains a very strong magnet. Before you are allowed to enter, we must know if you have any metal in your body. Some metal objects can interfere with your scan or even be dangerous, so please answer these questions carefully.

List Surgeries _____

Y	N	Have you ever had any metal in your eye? If so, was it removed?
Y	N	Are you pregnant, or possibly pregnant?
Y	N	Previous MRI before anywhere? If yes, where?
Y	N	Have you had a reaction to MRI contrast? If YES-describe
Y	N	Do you have kidney disease? If so, are you currently on dialysis?

DO YOU HAVE ANY OF THESE ITEMS IN YOUR BODY?

Y	N	Pacemaker, wires or defibrillator	Y	N	Brain aneurysm clip , If YES, when? _____
Y	N	Electrical stimulator for nerves or bone	Y	N	Ear implant (Cochlear, Stapes) or non removable hearing aide
Y	N	Bullets, BB's, or pellets	Y	N	Eye implant
Y	N	Metal shrapnel or fragments	Y	N	Infusion pump (Pain or Insulin)
Y	N	Dental Magnetic Implant	Y	N	Are you wearing any pain, nicotine, or medication patch
Y	N	Coil, filter, or wire in blood vessel	Y	N	Penile prosthesis
Y	N	Artificial limb or joint	Y	N	Breast Tissue Expanders
Y	N	Stents or Shunts	Y	N	Hearing aide (removable)
Y	N	Artificial heart valve	Y	N	Claustrophobic? If YES did you take medication?
Y	N	Cancer? If so what kind	Y	N	Diaphragm or IUD If YES what kind?
Y	N	False teeth, retainers, or magnetic braces	Y	N	Orthopedic hardware (plates, screws, pins, rods or wires)
Y	N	Surgical clips, staples, wires, mesh, or sutures	Y	N	Body Piercings, hairpins, barrettes, or other metal hair items. If YES, please remove

I attest that the answers I have provided to the questions on this form are correct to the best of my knowledge. I have read and understand this entire form and have had the opportunity to ask questions regarding the information on this form.

Signature (Patient or Guardian) _____