MRI SAFETY SHEET

[Patient confirmation sign/date if required] ___

The following items can interfere with MR imaging and some may be unsafe for scanning. Have you ever had any of the following? Please circle Yes or No.



Here Signature of Parent or Guardian Date	Yes	No	Cardiac pacemaker?					
Anoutypes clips? Yes No Electronic implant or device? Yes No Magnetically-activated implant or device? Yes No Neurostimulation system? Yes No Spinal cord stimulator? Yes No Insulin or infusion pump? Yes No Bone growth/fusion stimulator? Yes No Bone growth/fusion stimulator? Yes No Cochiear, otologic, or other ear implant? Yes No Have you had metal fragments in your eyes that required medical attention? Yes No Cother, otologic, or other ear implant? Yes No Any type of prosthesis (eye, penile, etc.)? Other metallic implants? Yes No Chear value placement or repair? Yes No Shrapnel, bullet, or pellet wounds? Yes No Electrodes or wires (inside body or on body)? Intravascular stents, filters, or coils? Yes No Shunt (spinal or intraventicular)? Yes No Swan-Ganz or thermoditation catheter? Yes No Any implant held in place by a magnet? Yes No Medication patch (Nitroglycerin, nicotine)? Yes No Medication patch (Nitroglycerin, nicotine)? Yes No Any metallic fragments or foreign bodies? Yes No Any metallic fragments or foreign bodies? Yes No Magnetially Artificial limb or joint replacement? Yes No Body piercing(s)? Yes No Hadilic or wire mesh implants? Yes No Body piercing(s)? Yes No Eye implants? Yes No Eye implants?	Yes	No	Implanted cardiac defibrillator(ICD)?			e anew	er the following	
Yes No Magnetically-activated implant or device? Yes No Magnetically-activated implant or device? Yes No Neurostimulation system? Yes No Spinal cord stimulator? Yes No Insulin or infusion pump? Yes No Insulin or infusion pump? Yes No Cochlear, otologic, or other ear implant? Yes No Any type of prosthesis (eye, penile, etc.)? Yes No Any type of prosthesis (eye, penile, etc.)? Yes No Chrem etallic implants? Yes No Shrapnel, bullet, or pellet wounds? Yes No Heart valve replacement or repair? Yes No Intravascular stents, filters, or coils? Yes No Intravascular stents, filters, or coils? Yes No Radiation seeds or implants? Yes No Any implant held in place by a magnet? Yes No Any implant held in place by a magnet? Yes No Medication patch (Nitroglycerin, nicotine)? Yes No Medication patch (Nitroglycerin, nicotine)? Yes No More and any or intravascular states or clips? Yes No More and any or thermodition catheter? Yes No More a	Yes	No	Aneurysm clips?		I			
Yes No Meurostimulation system? Yes No Spinal cord stimulator? Yes No Insulin or infusion pump? Yes No Insulin or infusion pump? Yes No Insulin or infusion pump? Yes No Bone growth/fusion stimulator? Yes No Bone growth/fusion stimulator? Yes No Cochlear, otologic, or other ear implant? Yes No Have you had metal fragments in your eyes that required medical attention? Yes No Any type of prosthesis (eye, penile, etc.)? Yes No Other metallic implants? Yes No Shrapnel, bullet, or pellet wounds? Yes No Heart valve replacement or repair? Yes No Shrapnel, bullet, or pellet wounds? Yes No Heart valve replacement or repair? Yes No Shunt (spinal or intraventricular)? Yes No Shunt (spinal or intraventricular)? Yes No Swan-Ganz or thermodilution catheter? Yes No Any implant held in place by a magnet? Yes No Hearing aid (remove before entering MR scan noom)? Yes No Hearing aid (remove before entering MR scan noom)? Yes No Any metallic fragments or foreign bodies? Yes No Metallic or wire mesh implants? Yes No Metallic or wire mesh implants? Yes No Bone/joint pin, screw, nail, wire, plate? Yes No Boded pipering(s)? Yes No Eye implants? Yes No Eye implants? Yes No Eyelid spring or wire? Yes No Eyelid spring	Yes	No	•					
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Yes No Eye implants? Yes No Eyelid spring or wire? A. Were you told by your doctor that the metal was completely removed from your eye or eyes at that time? Yes No B. If not, have you had a subsequent eye exam by an ophthalmologist and was the exam normal? Yes No Patient's Printed Name: Sign Here Signature of Parent or Guardian								
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