

MRI SAFETY SHEET



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.

- Yes No Cardiac pacemaker?
- Yes No Implanted cardiac defibrillator(ICD)?
- Yes No Aneurysm 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 Implanted drug infusion device?
- 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 Electrodes or wires (inside body or on body)?
- Yes No Intravascular stents, filters, or coils?
- Yes No Shunt (spinal or intraventricular)?
- Yes No Vascular access port and/or catheter?
- Yes No Radiation seeds or implants?
- Yes No Swan-Ganz or thermodilution catheter?
- Yes No Any implant held in place by a magnet? _____
- Yes No Medication patch (Nitroglycerin, nicotine)?
- Yes No Hearing aid (remove before entering MR scan room)?
- Yes No Tattoo or tattooed makeup (eyeliner, lips, etc.)?
- Yes No Body piercing(s)? _____
- Yes No Any metallic fragments or foreign bodies? _____
- Yes No Wire sutures, surgical staples or clips?
- Yes No Artificial limb or joint replacement? _____
- Yes No Bone/joint pin, screw, nail, wire, plate? _____
- Yes No IUD, diaphragm or pessary?
- Yes No Metallic or wire mesh implants?
- Yes No Tissue expander (e.g. breast)?
- Yes No Dentures or partial plates?
- Yes No Eye implants?
- Yes No Eyelid spring or wire?

Please answer the following questions:

- Yes No Are you pregnant?
- Yes No Are you breast-feeding?
- Yes No Over the age of 60?

Do you have or have you EVER had:

- Yes No Kidney disease?
- Yes No High blood pressure?
- Yes No Diabetes?

Before your MRI, please remove all metallic objects including keys, hair pins, barrettes, jewelry, watch, safety pins, paperclips, money clip, credit cards, coins, pens, belt, metal buttons, pocket knife, and clothing with metal in the material.

Receptionist initials _____
Clinical initials _____

*** Staff Only:**

If patient answers **yes** to having metal fragments in their eyes, ask the following questions:

- 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: _____

Signature of Patient _____ Date _____

Sign Here Signature of Parent or Guardian _____ Date _____

If another person filled out this form, name _____ Relation to patient _____

Interpreter (Circle one) In person / Telephone Name _____ Language _____

[Patient confirmation sign/date if required] _____