

MRI DATA SHEET / CONSENT FOR DIAGNOSTIC TESTING

Name: _____

Age: _____

Date of Birth: _____

Today's Date: _____

Ordering Provider: _____

Patient Weight: _____

Patient Sex: _____

What kind of problems are you having related to today's exam? _____

Yes No

Do you have any drug allergies?			List:
Do you have a personal history of any type of cancer?			What kind?
Are you pregnant, think you might be pregnant, or are you currently breastfeeding?			If yes, please notify MRI staff immediately.
Have you ever had an MRI on the area being examined today?			Date: Facility:
Have you ever had a reaction to MRI or CT contrast?			If yes, please notify MRI staff immediately.
Have you ever had an injury to the eye involving a metallic object or metallic slivers?			If yes, please notify MRI staff immediately.
Have you ever had surgery on the area being examined today?			Date: Type of surgery:

List ALL surgeries: _____

Please check if you have any of the following:

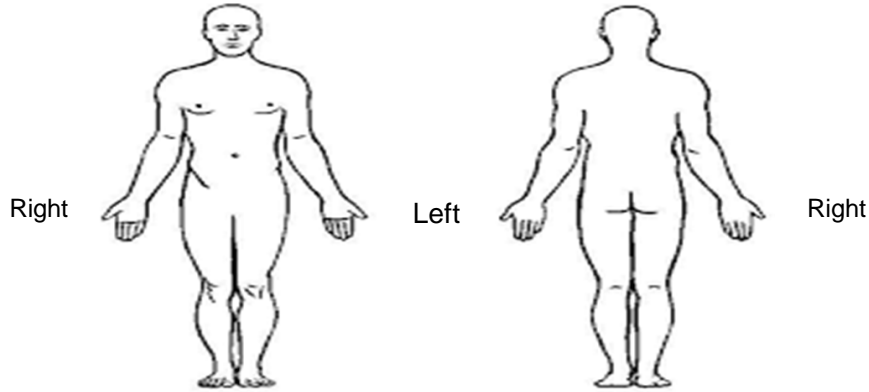
	Yes	No		Yes	No
Cardiac Pacemaker If yes, please notify MRI staff immediately.	<input type="checkbox"/>	<input type="checkbox"/>	Vascular access port?	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Stent or any type of stent?	<input type="checkbox"/>	<input type="checkbox"/>	Intracranial aneurysm clip?	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac pacer or lead wire?	<input type="checkbox"/>	<input type="checkbox"/>	Any type of implant held in place by magnet? Dentures?	<input type="checkbox"/>	<input type="checkbox"/>
Heart valve prosthesis?	<input type="checkbox"/>	<input type="checkbox"/>	Intraventricular shunt?	<input type="checkbox"/>	<input type="checkbox"/>
Any type of intravascular coil, filter, or stent? (IVC filter, Gianturco coil, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Hearing aid?	<input type="checkbox"/>	<input type="checkbox"/>
Implanted insulin pump?	<input type="checkbox"/>	<input type="checkbox"/>	Orbital/eye prosthesis?	<input type="checkbox"/>	<input type="checkbox"/>
Any type of electronic or mechanical implant? Type: _____	<input type="checkbox"/>	<input type="checkbox"/>	Artificial limb or joint?	<input type="checkbox"/>	<input type="checkbox"/>
Penile implant?	<input type="checkbox"/>	<input type="checkbox"/>	Wire mesh?	<input type="checkbox"/>	<input type="checkbox"/>
Implanted drug infusion device? Make or Model: _____	<input type="checkbox"/>	<input type="checkbox"/>	Body piercing or tattooed eyeliner?	<input type="checkbox"/>	<input type="checkbox"/>
Any type of internal electrode, including cochlear (ear) implant?	<input type="checkbox"/>	<input type="checkbox"/>	Any type of implanted orthopedic item such as pins, screws, nails, etc? Type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Claustrophobic: *If yes, medication must be ordered by your provider prior to your MRI appointment.	<input type="checkbox"/>	<input type="checkbox"/>	Are you wearing a transdermal patch?	<input type="checkbox"/>	<input type="checkbox"/>
			Any other implanted item? Type: _____	<input type="checkbox"/>	<input type="checkbox"/>
			Pessary, IUD, etc?	<input type="checkbox"/>	<input type="checkbox"/>

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WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MRI procedure. **DO NOT ENTER** the MRI system room or MRI environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist BEFORE entering the MRI room. **The MRI system magnet is ALWAYS on.**

Please mark on the figure(s) the location of any **IMPLANT OR METAL** inside of or on your body.



IMPORTANT INSTRUCTIONS: Before entering the MRI room, **you must remove all metallic objects** including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads.

- * It is also important to avoid skin-to-skin contact during the MRI, due to possible tissue heating. Therefore, it is important to stay in the position that the technologist puts you in.
- * Please consult the MRI Technologist if you have a question or concern BEFORE you enter the MRI system room.

NOTE: You will be advised or required to wear earplugs or other hearing protection during the MRI procedure to prevent possible problems or hazards related to acoustic noise.

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MRI procedure that I am about to undergo.

Patient Signature: _____

Date: _____

Patient Representative: _____

Relation to Patient: _____

Technologist Signature: _____

Date: _____