



M.R.I. AND X-RAY SCREENING FORM

PATIENT NAME: _____ CHART #: _____

THE FOLLOWING ITEMS MAY BE HAZARDOUS OR MAY INTERFERE WITH THE MRI EXAMINATION BY PRODUCING ARTIFACT.

PLEASE INDICATE IF YOU HAVE THE FOLLOWING:

- | | | |
|--|-----------|----------|
| Cardiac Pacemaker | Yes _____ | No _____ |
| Aneurysm Clips | Yes _____ | No _____ |
| Implanted Defibrillator | Yes _____ | No _____ |
| Implanted Insulin Pump | Yes _____ | No _____ |
| Electronic or Mechanical Implant | Yes _____ | No _____ |
| Hearing Aid | Yes _____ | No _____ |
| Heart Valve Prosthesis | Yes _____ | No _____ |
| Shrapnel, Bullets, or B.B.'s | Yes _____ | No _____ |
| Any type of Ear Implants | Yes _____ | No _____ |
| Orbital / Eye Prosthesis | Yes _____ | No _____ |
| Any type of Implant held in place by a Magnet | Yes _____ | No _____ |
| Any type of Surgical Clip or Staple | Yes _____ | No _____ |
| Vascular Access Port | Yes _____ | No _____ |
| Intraventricular Shunt / Stent | Yes _____ | No _____ |
| Artificial Limb or Joint | Yes _____ | No _____ |
| Dentures | Yes _____ | No _____ |
| Diaphragm or I.U.D. | Yes _____ | No _____ |
| Wire Mesh | Yes _____ | No _____ |
| Any Implanted Orthopedic Item (Pins, Rods, Screws, Etc.) | Yes _____ | No _____ |
| Any other Implanted Item | Yes _____ | No _____ |
| Tattooed Eyeliner | Yes _____ | No _____ |

List any previous surgeries with dates:

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

Patient Signature: _____ Date: _____

Technologist Initials: _____

Revised June 2014