Rex Healthcare
Raleigh, NC 27607

Patient Identification Label

MRI PATIENT SCREENING FORM

Height: _____ Weight: _____

		Yes	No
1.	Do you have a PACEMAKER?	☐	☐
2.	Have you ever had heart surgery or a heart valve replacement?	☐	☐
3.	Have you ever had brain surgery, aneurysm surgery or aortic surgery?	☐	☐
4.	Do you have any electrical or implanted neurostimulators, pumps, electrodes, wires, filters, drains, shunts, clips, implants, or prosthesis?	☐	☐
5.	Have you ever had eye surgery or tattooed eyeliner?	☐	☐
6.	Have you ever had ear surgery or ear implants?	☐	☐
7.	Have you had an Endoscopy procedure with the ingestion of a small camera (capsule) and/or a placement of a resolution clip?	☐	☐
8.	Have you ever had a gunshot wound or shrapnel injury?	☐	☐
9.	Have you EVER had an injury to the eye involving metallic objects, slivers or shavings?	☐	☐
10.	Do you have a wig, hair piece, or hair pins?	☐	☐
11.	Have you had any surgery within the last eight weeks?	☐	☐
12.	Are you wearing any removable dental work? Transdermal patches? (Must be removed)	☐	☐
13.	Are you wearing a hearing aid? (Must be removed prior to MRI)	☐	☐
14.	Have you ever been diagnosed with cancer?	☐	☐
15.	If female, could you possibly be PREGNANT or breast feeding?	☐	☐
16.	Do you have any known kidney or renal disease?	☐	☐

17. Please list any known drug allergies _____

You may receive an injection of contrast. Administration of a gadolinium-based (MRI) contrast agent may increase the risk of a rare but serious disease, nephrogenic systemic fibrosis, in people with severe kidney failure.

18.	Are you allergic to MRI contrast?	☐	☐
19.	While reactions and complications are rare, have you had an opportunity to ask questions related to receiving contrast and the potential associated risks?	☐	☐

DO NOT enter the MRI scan room before completion of the screening process by MRI Technologist.

Many objects can become a projectile which could cause harm to you. Examples; Hair pins, Leg weights, Medical braces, Keys, Knives, Beepers, Jewelry, Money/ Money clips, Watches, Pens, Medical Alert Bracelets /Necklaces, Cell Phones, Lighters, etc.

Please inform the technologist of any material or object on your person.

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.
I do not sign this form until just prior to entering the procedure room.

Patient Signature _____ Date/Time: _____

Target Scanner Used: ☐ Technologist _____ Date/Time: _____

* R A D S C A N D *

Origin: 7/04
Revised: 11/08, 01/09