FOR YOUR SAFETY AND OPTIMAL IMAGE QUALITY, PLEASE ANSWER THE FOLLOWING:

❑ Yes ❑ No Brain Aneurysm clip or coil
❑ Yes ❑ No Carotid artery vascular clip
❑ Yes ❑ No Cochlear or ear implant
❑ Yes ❑ No Ear tubes
❑ Yes ❑ No Hearing aid (remove)
❑ Yes ❑ No Metal fragments (eye, head, skin)
❑ Yes ❑ No Shrapnel,buckshot or bullets
❑ Yes ❑ No Tattoo or permanent makeup
❑ Yes ❑ No Cosmetic surgery on body
❑ Yes ❑ No Dentures, partial plates (remove)
❑ Yes ❑ No Wig,toupee or hair implants
❑ Yes ❑ No Heart valve prosthesis
❑ Yes ❑ No Cardiac pacemaker
❑ Yes ❑ No Implanted cardiac defibrillator
❑ Yes ❑ No Internal electrodes or wires
❑ Yes ❑ No Aortic clips
❑ Yes ❑ No Surgical staples, clips, or metallic sutures
❑ Yes ❑ No Medication patch (Nicotine, Nitroglycerine)
❑ Yes ❑ No Wire mesh implant
❑ Yes ❑ No Venous umbrella
❑ Yes ❑ No Metallic stent, filter or coil
❑ Yes ❑ No Shunt (spinal or intraventricular)
❑ Yes ❑ No Pregnant or breast feeding
❑ Yes ❑ No Are you on dialysis or have a history of renal (kidney) disease

All metal items must be removed prior to your MR examination. This includes: keys, hairpins, barrettes, jewelry, body piercings, watch, pocket knife, safety pins. You will be asked to remove your street clothes and put on a gown. A locker with a key is provided to lock up your clothes and valuables.

_____
Signature of person completing form

Form completed by:
❑ Self ❑ Spouse ❑ Parent ❑ Other

Your weight _____ height_____
MRN _____ Acc # _____
Date_____

❑ Yes ❑ No Vascular access port or catheter
❑ Yes ❑ No Swan-ganz catheter
❑ Yes ❑ No Spinal fusion stimulator
❑ Yes ❑ No Neurostimulation system
❑ Yes ❑ No Insulin or infusion pump
❑ Yes ❑ No Implanted drug infusion device
❑ Yes ❑ No Implant held in place by a magnet
❑ Yes ❑ No Prosthesis (eye, penile, etc)
❑ Yes ❑ No Artificial or prosthetic limb
❑ Yes ❑ No Harrington Rods
❑ Yes ❑ No Joint replacements (hip, knee, etc)
❑ Yes ❑ No Bone/joint pins, screw, nail, wire, plate, etc.
❑ Yes ❑ No IUD, diaphragm, pessary
❑ Yes ❑ No Body piercing
❑ Yes ❑ No Worked around metal or had metal removed from eyes
❑ Yes ❑ No Metal clips in stomach for bleeding
❑ Yes ❑ No Iron replacement therapy
❑ Yes ❑ No Eyelid spring or wire
❑ Yes ❑ No Coronary/ Cardiac Stent
❑ Yes ❑ No Tissue expander (e.g. breast)
❑ Yes ❑ No Bone growth/fusion stimulator
❑ Yes ❑ No Electronic implant or device
❑ Yes ❑ No Other implants

Surgeries:

Form Information Reviewed By:

_____
Print name

_____
Signature

MRI Technologist

SMIL
SCOTTSDALE MEDICAL IMAGING
SDI southwest diagnostic imaging