

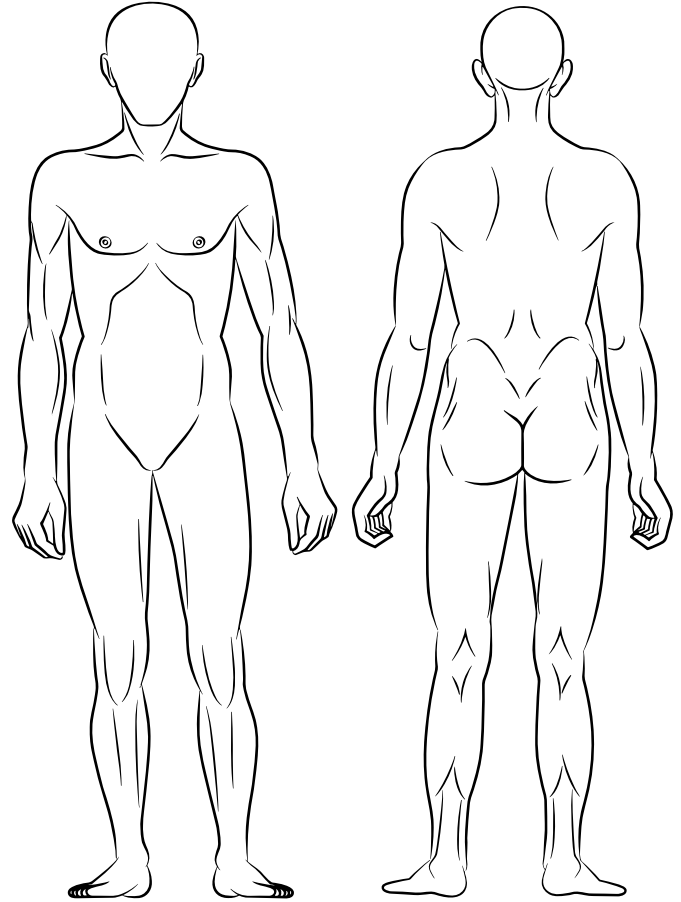


WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). **Do not enter** the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Radiologist **BEFORE** entering the MR system room. **The MR system magnet is ALWAYS on.**

**Please indicate if you have any of the following:**

- ☐ Yes ☐ No Aneurysm clip(s)  
☐ Yes ☐ No Claustrophobia  
☐ Yes ☐ No Are you able to lie flat?  
☐ Yes ☐ No Any internal, external device or metal anywhere in/on your body?  
☐ Yes ☐ No Cardiac pacemaker  
☐ Yes ☐ No Implanted cardioverter defibrillator (ICD)  
☐ Yes ☐ No Electronic implant or device  
☐ Yes ☐ No Magnetically-activated implant or device  
☐ Yes ☐ No Neurostimulation system  
☐ Yes ☐ No Spinal cord stimulator  
☐ Yes ☐ No Internal electrodes or wires  
☐ Yes ☐ No Bone growth/bone fusion stimulator  
☐ Yes ☐ No Cochlear, otologic, or other ear implant  
☐ Yes ☐ No Insulin or other infusion pump  
☐ Yes ☐ No Implanted drug infusion device  
☐ Yes ☐ No Any type of prosthesis (eye, penile, etc.)  
☐ Yes ☐ No Heart valve prosthesis  
☐ Yes ☐ No Eyelid spring or wire  
☐ Yes ☐ No Artificial or prosthetic limb  
☐ Yes ☐ No Metallic stent, filter, or coil  
☐ 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 Medication patch (Nicotine, Nitroglycerine)  
☐ Yes ☐ No Any metallic fragment or foreign body  
☐ Yes ☐ No Wire mesh implant  
☐ Yes ☐ No Tissue expander (e.g., breast)  
☐ Yes ☐ No Surgical staples, clips, or metallic sutures  
☐ Yes ☐ No Joint replacement (hip, knee, etc.)  
☐ Yes ☐ No Bone/joint pin, screw, nail, wire, plate, etc.  
☐ Yes ☐ No IUD, diaphragm, or pessary  
☐ Yes ☐ No Dentures or partial plates  
☐ Yes ☐ No Tattoo or permanent makeup  
☐ Yes ☐ No Body piercing jewelry  
☐ Yes ☐ No Hearing aid (Remove before entering MR system room)  
☐ Yes ☐ No Other implant: \_\_\_\_\_  
☐ Yes ☐ No Breathing problem or motion disorder

**Please mark on the figure(s) below the location or any implant or metal inside of or on your body.**



**IMPORTANT INSTRUCTIONS**

Before entering the MR environment or MR system room, you must remove **all** metallic objects including hearing aids, dentures, partial plates, keys, beeper, 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.

Please consult the MRI Technologist or Radiologist if you have any question or concern **BEFORE** you enter the MR system room.

**NOTE: You may be advised or required to wear earplugs or other hearing protection during the MR 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 MR procedure that I am about to undergo.

Signature of Person Completing Form: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Form Completed By: ☐ Patient ☐ Relative ☐ Nurse

Form Information Reviewed By:

☐ MRI Technologist ☐ Nurse ☐ Radiologist

Relationship to patient

☐ Other \_\_\_\_\_