



NAME: \_\_\_\_\_, \_\_\_\_\_  
(Last) (First)

**PLEASE INDICATE IF YOU HAVE THE FOLLOWING:**

YES NO If yes, please explain:

Cardiac Pacemaker?	___	___	_____
Aneurysm clip (metal clips put around blood vessels during surgery)?	___	___	_____
Electrical Stimulator for nerves, bone or brain?	___	___	_____
Ear or Eye implants (e.g. cochlear implants or hearing aid)?	___	___	_____
Implanted insulin, drug or infusion pump?	___	___	_____
Coil, stent, catheter or filter in any blood vessel?	___	___	_____
Internal electrodes or wires?	___	___	_____
IUD or diaphragm?	___	___	_____
Orthopedic hardware, e.g. artificial joints, metal plates, screws, or surgical staples, clips or metal sutures?	___	___	_____
Any other type of prosthesis or implant?	___	___	_____
Gun pellets, shrapnel, bullets or metal fragments?	___	___	_____
Have you had an MRI scan before?	___	___	_____
Are you claustrophobic? Have panic attacks?	___	___	_____
Have you ever been a welder, machinist, grinder or worked with metal without eye protection	___	___	_____
Do you have any tattoos, tattooed eye/lip liner or body piercings?	___	___	_____
Do you wear dentures, a dental plate or braces (not fillings)	___	___	_____
Do you have any trans-dermal medication skin patches?	___	___	_____
Breathing problems or motion disorder?	___	___	_____
Hearing aid (remove before entering MR room)	___	___	_____

**FEMALE PATIENTS ONLY**

ANY CHANCE OF PREGNANCY?	___	YES	___	NO
ARE YOU CURRENTLY BREASTFEEDING?	___	YES	___	NO

I have read and understand the questions in this questionnaire and that the above responses are correct to the best of my knowledge. I understand that it is my responsibility to inform the Center of any metal fragments and/or devices that may be in my body and that by failing to do so may cause serious bodily injury or be life threatening. I agree that should I have any metal in my body, and after consultations with my physician, elect to proceed with the MRI, I agree to release the Center from any and all liability for any injury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DO NOT BRING ANYTHING INTO THE SCAN ROOM WITH YOU.**

Please remove all metal objects including keys, hair pins, barrettes, jewelry, watches, safety pins, paperclips, money clip, credit cards, coins, pens, belt, metal buttons, pocket knife, cell phone, & clothing with metal in the material.

TECH INITIALS: \_\_\_\_\_