ATTENTION: MR PATIENTS AND ACCOMPANYING FAMILY MEMBERS

The MR room contains a very strong magnet. Before you are allowed to enter, we must know if you have any metal in your body. Some metal objects can interfere with your scan or even be dangerous, so please answer all the following questions carefully.

☐ Yes  ☐ No Have you ever had an operation or surgical procedure of any kind? Please list all with dates:

☐ Yes  ☐ No Have you ever been a machinist, welder, or metalworker?

☐ Yes  ☐ No Have you ever been hit in the face or eye with a piece of metal (including metal shavings, slivers, bullets, or BBs)?

☐ Yes  ☐ No Have you ever had a piece of metal removed from your eye?

☐ Yes  ☐ No Are you pregnant, possibly pregnant, or breastfeeding?

DO YOU HAVE ANY OF THESE ITEMS IN YOUR BODY?

☐ Yes  ☐ No Pacemaker, wires, or defibrillator

☐ Yes  ☐ No Brain/aneurysm clip

☐ Yes  ☐ No Ear implant

☐ Yes  ☐ No Eye implant

☐ Yes  ☐ No Electrical stimulator for nerves or bone

☐ Yes  ☐ No Bullets, BBs, or pellets

☐ Yes  ☐ No Metal shrapnel or fragments

☐ Yes  ☐ No Magnetic implant anywhere

☐ Yes  ☐ No Infusion pump

☐ Yes  ☐ No Coil, filter, or wire in blood vessel

☐ Yes  ☐ No Artificial limb or joint

☐ Yes  ☐ No Tattoo eyeliner

☐ Yes  ☐ No Implanted catheter or tube (except Foley, IV Cath or PIC line)

☐ Yes  ☐ No Artificial heart valve

☐ Yes  ☐ No Penile prosthesis

☐ Yes  ☐ No Shunt

☐ Yes  ☐ No False teeth, retainers, or magnetic braces

☐ Yes  ☐ No Surgical clips, staples, wires, mesh, or sutures

☐ Yes  ☐ No Diaphragm or intrauterine device

☐ Yes  ☐ No Orthopedic hardware (plates, screws, pins, rods, wires)

☐ Yes  ☐ No Tissue expander

☐ Yes  ☐ No Pessary

The following items may become damaged or cause injury to others in a strong magnetic field. THEY MUST NOT BE TAKEN INTO THE MR SCAN ROOM. Place an “x” by any item you have with you on the list below.

☐ Hearing Aid

☐ Glasses

☐ Watch

☐ Safety Pins

☐ Hairpins/barrettes

☐ Wigs/hair pieces

☐ Jewelry (rings, earrings, etc.)

☐ Wallet/money clip

☐ Purse/pocketbook

☐ Pens/pencils

☐ Keys

☐ Coins

☐ Pocket knife

☐ Credit or bank cards

☐ Artificial limb/prosthesis

☐ Dentures/partial plates/retainers

☐ Belt buckle

☐ Bra/girdle/sanitary belt

☐ Metal zippers/buttons

INFORMATION CONCERNING GADOLINIUM CONTRAST MATERIAL

As part of your examination, the MR radiologist may deem it advisable to give you an I.V. injection of a contrast agent containing gadolinium. This injection may help the physician more accurately diagnose your condition. Although gadolinium contrast agents have been used safely in millions of cases, minor reactions (principally headaches and nausea) occur in about 2% of patients, whereas serious or life-threatening reactions have been reported in about one in 400,000 patients.

Have you ever had a previous reaction to gadolinium contrast material?  ☐ Yes  ☐ No

Do you have a history of asthma or emphysema?  ☐ Yes  ☐ No

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

Signature (Patient or Guardian) ____________________________________________ Date: __________________________

Witnessed by ____________________________________________ Date: __________________________