

Patient Name: _____

MRN#: _____

Exam Date: _____



The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore **ALL** individuals are required to fill out this form **BEFORE** entering the MR environment or MR system room. The MR system magnet should be treated as always on.

***NOTE:** If you are a patient preparing to undergo an MR examination, you are required to fill out a different form.

Date: ____/____/____

Your Name: _____

Relationship to Patient: _____
(e.g. spouse, child, friend)

Have you had any injuries, accidents, or surgeries which may have left any metal in your body? Yes No

If Yes, please list: _____

Women only:

Are you pregnant or suspect that you are pregnant? Yes No



WARNING: Certain implants, devices or objects may be hazardous to you in the MR environment or MR system room. **DO NOT ENTER** the MR environment or MR system room if you have any questions or concerns regarding an implant, device, or object.

Please indicate if you have any of the following:

- Yes No Aneurysm Clip(s)
- Yes No Cardiac Pacemaker or Defibrillator
- Yes No Electron Implant or Device
- Yes No Magnetically-activated implant or device
- Yes No Neurostimulation System
- Yes No Spinal Cord Stimulator
- Yes No Cochlear Implant or Implanted Hearing Aid
- Yes No Insulin or Infusion Pump
- Yes No Any metallic Fragment or Foreign body
- Yes No Hearing Aid or Dental Implants
- Yes No Other: (Please List:) _____



IMPORTANT INSTRUCTIONS

Remove all metallic objects before entering the MR environment or MR system room including hearing aids, beeper, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry *(including body piercing jewelry), watch, safety pins, paperclips, money clips, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, steel-toed boots/shoes, and tools. Loose metallic objects are especially prohibited in the MR system room and MR environment

Please consult the MRI Technologist or Radiologist if you have any other questions or concerns **BEFORE** you enter the MR system room.

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 have had the opportunity to ask questions regarding the information on this form.

Signature of Person Completing Form: _____
Signature

Date: ____/____/____

Form Information Reviewed By: _____

Date: ____/____/____