

MAGNETIC RESONANCE (MR) PROCEDURE SCREENING FORM

25 Riviera Blvd. Lake Havasu City, AZ 86403 Phone: 928.923.6658



Name: _____ DOB: ____/____/____

Height: _____ Weight: _____ Male Female

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone (home) _____ Telephone (cell) _____

Body Part to be Examined: _____ Reason for MRI and/or Symptoms: _____

Referring Physician: _____ Telephone (____) ____ - _____

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind? Yes No

If yes, please indicate the date and type of surgery:

Date: _____ Type of surgery: _____

Date: _____ Type of surgery: _____

2. Have you had a prior diagnostic imaging study or examination of the affected body part (MRI, CT, US, X-ray, etc.)? Yes No

If Yes, please describe: _____

3. Have you experienced any problem related to a previous MRI examination or MR procedure? Yes No

If yes, please describe: _____

4. Have you had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)? Yes No

If yes, please describe: _____

5. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? Yes No

If yes, please describe: _____

6. Do you have a history of asthma, allergic reaction, respiratory disease, or reaction to a contrast medium or dye used for an MRI, CT, or X-ray examination? Yes No

7. Are you pregnant or experiencing a late menstrual period? Yes No

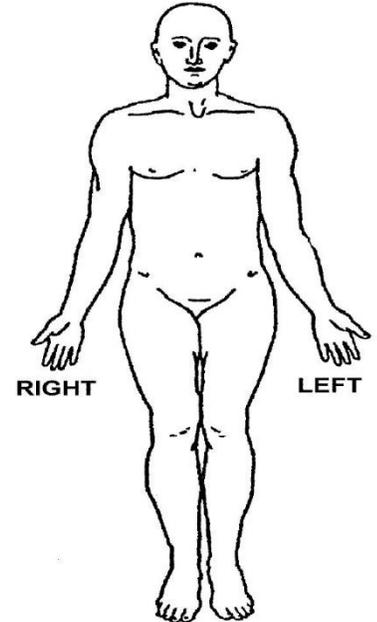


WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. 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 Cardiac pacemaker or implanted cardioverter defibrillator/ICD
- Yes No Internal electrodes or wires (pacing wires, DBS or VNS wires)
- Yes No Artificial heart valve, coil, filter and/or stent (Gianturco coil, IVC filter)
- Yes No Aneurysm clip(s)
- Yes No Neurostimulator-TENS Unit, Biostimulator, bone growth stimulator, DBS, VNS
- Yes No Implanted drug pump (for chemotherapy medicine, pain medicine)
- Yes No External drug pump (for Insulin or other medicine)
- Yes No IV access port (Port-a-Cath, Broviac, PICC line, Swan-Gantz, Thermodilution)
- Yes No Implanted post-surgical hardware (pins, rods, screws, plates, wires)
- Yes No Artificial joint and /or limb
- Yes No Artificial eye and/or eyelid spring
- Yes No Eye injury from a metal object (metal shavings, metal slivers)
- Yes No Ear (Cochlear) implant, middle ear implant
- Yes No Hearing aid(s)
- Yes No False teeth/dentures, metallic removable dental work, braces, retainers
- Yes No Any type of implant held in place by a magnet
- Yes No Injured by a metal object (shrapnel, bullet, BB) and required medical attention
- Yes No Medication patch (nitroglycerine, nicotine, contraceptive, estrogen)
- Yes No Shunt or Sophy adjustable and programmable pressure valve
- Yes No Spinal fixation device, spinal fusion and/or halo vest, spinal cord stimulator
- Yes No Surgical clips, staples or surgical mesh
- Yes No Tissue expander (breast)
- Yes No Penile implant
- Yes No Pessary, IUD, Diaphragm
- Yes No Radiation seeds (cancer treatment)
- Yes No Body piercing, tattoo or permanent makeup
- Yes No Wig, hair implants

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



 IMPORTANT INSTRUCTIONS BEFORE MRI

Before entering the MR environment or MR system room, you must remove ALL metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercings, watch, safety pins, paperclips, money clips, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knives, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads.

Please consult the MRI Technologist or Radiologist if you have any 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 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.

Patient Signature: _____

Date: _____

-----FOR INTERNAL USE ONLY-----

Date: _____

Form Reviewed By: _____ Signature: _____