



MRI SAFETY SCREENING VISITOR

Patient Name: _____ MR#: _____



The MR system has a very strong magnetic field that may be hazardous to individuals entering the MRI 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. Be advised, the MR system magnet is ALWAYS on.

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

Date _____ Name _____ Age _____

Address _____ City _____ State _____ ZIP _____

Home Ph _____ Work Ph _____

- 1. Have you had prior surgery or an operation (e.g. arthroscopy, endoscopy, etc.) of any kind?
If yes, please indicate date and type of surgery:
2. Have you had an injury to the eye involving a metallic object (e.g. metallic slivers, foreign body)?
If yes, please indicate date and type of surgery:
3. Have you ever been injured by a metallic object or foreign body (e.g. BB, bullet, shrapnel, etc.)?
If yes, please indicate date and type of surgery:
4. Are you pregnant or suspect that you are pregnant?



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 question or concern regarding an implant, device, or object.

Please indicate if you have the following:

- Yes/No checkboxes for: Aneurysm clip(s), Cardiac Pacemaker, Implant cardioverter defibrillator (ICD), Electronic implant or device, Magnetically activated implant or device, Neurostimulation system, Spinal cord stimulator, Cochlear implant or implanted hearing aid, Insulin or infusion pump, Implanted drug infusion device, Any type of prosthetic or implant, Artificial or Prosthetic Limb, Any metallic fragment or foreign body, Any external or internal metallic object, Hearing aid (remove before entering the MR system room), Other implant: _____



IMPORTANT INSTRUCTIONS

Remove all metallic objects before entering the MR environment or MR system room including hearing aids, beeper, cellphone, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paperclips, money clip, 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 the MR environment. 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 have read and understand the entire contents of this forma and have had the opportunity to ask questions regarding the information on this form.

Signature or Person Completing Form: _____ Date: _____

Form Information Reviewed By: _____

Print Name

Signature