

# MRI SAFETY SCREENING FORM

**▲ DANGER**  
**THE MAGNET IS**  
**ALWAYS ON**

**WARNING: Certain implants, devices or objects may be hazardous to you in the MRI room.**

DO NOT ENTER the MRI room if you have any questions or concerns regarding an implant, device or object.

**\*Please provide us with any documentation regarding all devices (e.g., Implant cards)**

Please complete this form accurately and carefully				(Check Yes/No below)	
Do you have any metal or objects that possibly contain metal in or on your body? *				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had an injury to the eye resulting in a retained metallic object or fragment?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
List Past Surgeries/Dates:				None <input type="checkbox"/>	
Do you have?	Yes	No	Do you have?	Yes	No
Cardiac pacemaker, pacing wires	<input type="checkbox"/>	<input type="checkbox"/>	Internal electrodes or wires	<input type="checkbox"/>	<input type="checkbox"/>
Implanted cardioverter defibrillator (ICD)	<input type="checkbox"/>	<input type="checkbox"/>	Implanted drug infusion device	<input type="checkbox"/>	<input type="checkbox"/>
Brain aneurysm clip	<input type="checkbox"/>	<input type="checkbox"/>	Neurostimulator, biostimulator	<input type="checkbox"/>	<input type="checkbox"/>
Cochlear, otologic, or other ear implant	<input type="checkbox"/>	<input type="checkbox"/>	Bone growth/bone fusion stimulator	<input type="checkbox"/>	<input type="checkbox"/>
If you answered "yes" to any of the above, please notify the staff immediately.					
Breast tissue expander	<input type="checkbox"/>	<input type="checkbox"/>	Injury with retained metallic BB, bullet, shrapnel	<input type="checkbox"/>	<input type="checkbox"/>
Programmable neurosurgical shunt	<input type="checkbox"/>	<input type="checkbox"/>	Non cardiac prosthesis of any kind (eye, eyelid spring, sclera buckle, penile, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Endoscopy/colonoscopy within 14 days/ 2 weeks or a camera pill	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
If you answered "yes" to any of the above, you may need to have an x-ray.					
Hearing aid, dentures or retainer	<input type="checkbox"/>	<input type="checkbox"/>	Biosensor	<input type="checkbox"/>	<input type="checkbox"/>
Colored contact lenses or jewelry	<input type="checkbox"/>	<input type="checkbox"/>	Insulin pump, Omnipod® or glucose monitoring device	<input type="checkbox"/>	<input type="checkbox"/>
Body piercing or magnetic eyelashes	<input type="checkbox"/>	<input type="checkbox"/>	Artificial or prosthetic limb	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine or medication patch	<input type="checkbox"/>	<input type="checkbox"/>	Foley catheter with a temperature probe	<input type="checkbox"/>	<input type="checkbox"/>
Metal infused clothes/mask, silver dressing	<input type="checkbox"/>	<input type="checkbox"/>	Swan-Ganz catheter or feeding tube with mercury tip	<input type="checkbox"/>	<input type="checkbox"/>
TENS Unit (Transcutaneous Electrical Nerve Stimulation)	<input type="checkbox"/>	<input type="checkbox"/>	External electrodes, sticky pads, leads or wires	<input type="checkbox"/>	<input type="checkbox"/>
The above will likely need to be removed before entering the MRI room. The MRI technologist will direct you.					
Tattoos, permanent makeup or eyeliner	<input type="checkbox"/>	<input type="checkbox"/>	Magnetic stent, filter, or coil	<input type="checkbox"/>	<input type="checkbox"/>
Braces, dental implants	<input type="checkbox"/>	<input type="checkbox"/>	Spinal fixation device	<input type="checkbox"/>	<input type="checkbox"/>
IUD, diaphragm, or pessary	<input type="checkbox"/>	<input type="checkbox"/>	Permanent Holter monitor, loop recorder	<input type="checkbox"/>	<input type="checkbox"/>
Artificial heart valve, coil, stent, IVC filter	<input type="checkbox"/>	<input type="checkbox"/>	Radiation seeds or implants	<input type="checkbox"/>	<input type="checkbox"/>
Surgical staples, clips	<input type="checkbox"/>	<input type="checkbox"/>	Non-programmable neurosurgical shunt	<input type="checkbox"/>	<input type="checkbox"/>
Bone/joint pin, screw, nail, wire, plate	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>

I attest that the above information is correct to the best of my knowledge. I have read and understand the content of this form.

\_\_\_\_\_  
 Patient/Agent/Relative/Guardian (Signature)                      Print Name                      Date /Time                      Relationship to Patient

<b>Office Use Only</b> If facemask is required, MR-safe facemask was provided to individual: <input type="checkbox"/> Yes			
Reviewed By: Signature	Print Name	Date/Time	
<input type="checkbox"/> Technologist <input type="checkbox"/> Radiologist <input type="checkbox"/> Other:		<input type="checkbox"/> Pt. Non-Communicative	

Individual was scanned with a ferromagnetic detector <input type="checkbox"/> Yes    Tech initials:
Pt. weight (lbs.):