

# ABERCROMBIE RADIOLOGY

## MRI EXAM

Name: \_\_\_\_\_

D.O.B \_\_\_\_\_

**\*\*Note:** You may be advised or required to wear earplugs or other hearing protection during the MR procedure to prevent possible or hazards related to acoustic noise.

**YES NO / PLEASE CHECK THE APPROPRIATE BOX**

- Have you had an eye injury from a metallic object or fragment? If yes, describe: \_\_\_\_\_
- Have you had a serious allergic reaction to imaging contrast/dye or any other serious allergies? If yes, describe: \_\_\_\_\_
- Do you have a history of renal (kidney) disease? If yes, describe: \_\_\_\_\_

**YES NO Please indicate if you have any of the following:**

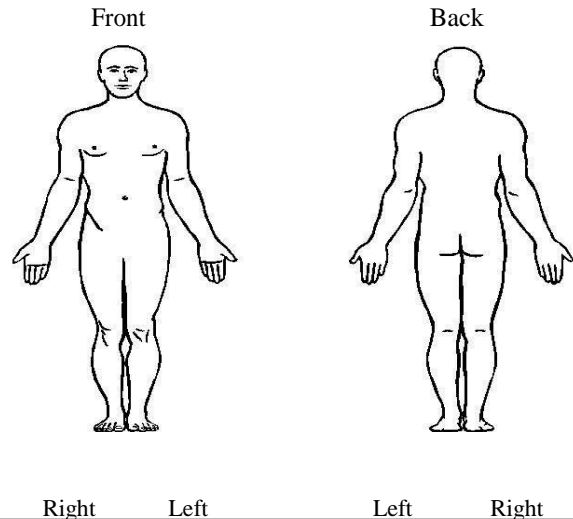
- Any metallic fragment or foreign body
- Aneurysm clip(s) or coils
- Cardiac Pacemaker
- Implanted Cardiovascular Defibrillator
- Heart valve prosthesis
- Electronic implant or device
- Magnetically-activated implant or device
- Neurostimulation system
- Spinal Cord Stimulator
- Internal Electrodes or wires
- Bone growth / bone fusion stimulator
- Joint replacement (hip, knee, etc.)
- Bone/joint pin, screw, nail, wire, plate, etc.
- Artificial or prosthetic limb
- Any type of prosthesis (eye, penile, etc.)
- Insulin pump, sensor, or other infusion pump
- Implanted drug infusion device
- Eyelid spring or wire
- Metallic stent, filter or coil
- Shunt (spinal or interventricular)
- Vascular access port and/or catheter
- Radiation seeds or Implants
- IUD, diaphragm or pessary
- Wire mesh implant
- Tissue expander (i.e. Breast)
- Surgical staples, clips or metallic sutures
- Dentures or partial plates
- Medication patch (Nicotine, Nitroglycerine)
- Tattoo or permanent make-up
- Body piercing jewelry
- Hearing aid
- Cochlear, otologic or other ear implant
- Claustrophobia
- Other Implants

**Warning:** Certain implant, devices or objects may be hazardous to you and/or may interfere with the MRI procedure. **Do not enter** the MRI system room or MRI environment if you have any questions or concerns regarding an implant, device or object. Consult the MRI technologist or Radiologist **BEFORE** entering the MR system room.

**The MRI magnet is ALWAYS on.**

**IMPORTANT INSTRUCTIONS:** Before entering the MR Environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beepers, cell phone, eye glasses, hair pins, barrettes, jewelry, body piercing, watch, safety pins, paperclips, money clips, credit cards magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal decoration, threads or fasteners.

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



I attest that the above information is correct to the best of my knowledge. I have read and understand the contents of this form. I've had the opportunity to ask questions regarding the information on this form and regarding the MRI procedure that I am about to have.

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_  
 Form completed by:  Patient  Relative  Other \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Form Information Reviewed By:  Technologist  Radiologist  Other \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_