



## MRI SAFETY SCREENING QUESTIONNAIRE

The following items may be harmful to you during your MR scan or may interfere with the MR examination.

Please provide a "yes" or "no" answer for every item.

**Yes    No**

- Cardiac pacemaker or implanted cardioverter defibrillator/ICD
- Internal electrodes or wires (pacing wires, DBS or VNS wires)
- Artificial heart valve, coil, filter and/or stent (Gianturco coil, IVC filter)
- Aneurysm clip(s)
- Neurostimulator – TENS Unit, Biostimulator, bone growth stimulator, DBS, VNS
- Implanted drug pump (for chemotherapy medicine, pain medicine)
- External drug pump (for Insulin or other medicine)
- IV access port (Port-a-Cath, Broviac, PICC line, Swan-Gantz, Thermodilution)
- Implanted post surgical hardware (pins, rods, screws, plates, wires)
- Artificial joint and/or limb
- Artificial eye and/or eyelid spring
- Eye Injury from a metal object (metal shavings, metal slivers)
- Ear (cochlear) implant, middle ear implant
- Hearing aid(s)
- False teeth/dentures, metallic removable dental work, braces, retainers
- Any type of implant held in place by a magnet
- Injured by a metal object (shrapnel, bullet, BB) and required medical attention
- Medication patch (nitroglycerine, nicotine, contraceptive, estrogen)
- Shunt or Sophy adjustable and programmable pressure valve
- Spinal fixation device, spinal fusion and/or halo vest, spinal cord stimulator
- Surgical clips, staples or surgical mesh
- Tissue expander (breast)
- Penile implant
- Body Piercing, tattoo or permanent makeup
- Other implantable devices including but not limited to IUD, Diaphragms etc..
- Claustrophobia

**Weight:** \_\_\_\_\_

**Height:** \_\_\_\_\_

**Female Patients:** Are you pregnant?    Yes     No

### Instructions for the Patient, Parent, Guardian:

- Remove all jewelry, body piercings, hearing aids, eyeglasses and hair accessories.
- We will provide a locker so all items you remove may be stored and locked safely during your scan.
- Lock your clothes and valuables in the locker provided and remove the key, bring the key with you.
- Please use the restroom before your MRI exam.

I attest the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and had the opportunity to ask questions regarding the information on this form.

\_\_\_\_\_  
Patient/Parent/Guardian/Other Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MR Tech Signature

\_\_\_\_\_  
Date