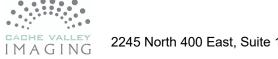


MRI SCREENING FORM

Patie	ent Name: Date of Birth:		Weight:		
Med	ical History: Please indicate if you have any of the following.		Yes	No	
1	Cardiac Pacemaker or Implanted Cardiac Defibrillator (ICD)				
2	Internal Electrodes or Wires (pacing wires, DSA or VNS wires)				
3	Artificial Heart Valve(s) *Mechanical*				
4	Ear (Cochlear) Implant, middle ear implant, otologic implant				
5	Neurostimulator- bladder, spinal cord, TENS unit, bone growth, oth	er			
6	Any Medication Pump or infusion device. (Internal or External)				
7	Shunt or programmable pressure valve. (Spinal, Ventricular, etc.)				
8	Aneurysm Clips, cerebral clip,brain clip, carotid artery clamp.				
9	Mechanical tissue expander (breast, post-mastectomy)				
If answering "YES" to any question above, special care is needed to maintain your comfort and safety. Please discuss with your MRI technologist prior to having MRI.					
10	Artificial Heart Valve (tissue) , Stents, filter or coil (Gianturco Coil, IVC filter, etc.)				
11	Insulin pump, glucose monitor,etc.(MUST BE REMOVED PRIOR TO	MRI)			
12	Eye injury involving metal fragments (metal shaving, metal slivers) Injury from foreign metal object. (Shrapnel, bullet, BB) Location:				
13	Artificial eye or other eye surgeries .				
14	Spinal Surgery, spinal fusion. When?				
15	Implanted post-surgical hardware: pins, screws, plates, rods, wires	3			
16	Artificial joint and/ or limb - including total joint replacements				
17	Surgical clips, staples and or surgical mesh. Location:				
18	IV access port (Port-a-Cath, PICC line, etc.)				
19	Medication patch (pain med, estrogen, nicotine, etc.)				
20	IUD, Pessary, Diaphragm				
21	Dental work: dentures, braces bridge, post-implant, retainers etc.				
22	Hearing Aids (MUST BE REMOVED PRIOR TO MRI)				



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			Yes	No			
23	Wig, hairpiece, hairpins, hair extensions						
24	Body piercings, tattoos, permanent makeup (Please Ren	nove Piercings)					
25	Other implants not previously listed:	_					
26	Claustrophobic or motion disorder						
27	Any prior imaging studies or surgeries pertaining to toda	ay's study:					
28	Any known allergies:						
strip cards, coins, pens, pocket knife, nail clippers, tools, clothing with metal fasteners, and clothing with metallic threads. **MRI is usually avoided during the first trimester of pregnancy.** If you have a pacemaker, neurostimulator, aneurysm clips, hearing aids, insulin pump, inner ear implants, **PLEASE STOP NOW** and inform the Radiology personnel immediately.** Please consult the MRI Technologist or Radiologist if you have any questions or concerns BEFORE you enter the MR system room.							
NOTE: You may be advised or required to wear earplugs or other hearing protection during the MRI procedure to prevent possible problems or hazards related to acoustic noise.							
CONTRAST AGENT INFORMATION As part of the MRI examination, if your referring physician and the radiologist deem it advisable, you may be given an intravenous injection of gadolinium, a contrast agent used in MRI. This injection increases the accuracy of the scan to better diagnose your condition. Gadolinium contrast agents have been used safely in millions of cases, but minor reactions (headaches, nausea, or itchiness) occur in about 2% of patients and rare life-threatening reactions have been reported. Breastfeeding mothers: There is a very small percentage of contrasted material that is excreted into the breast milk and absorbed by the infant. Available data suggest it is safe to continue breastfeeding. However if you are concerned, you may abstain from breastfeeding for 12 to 24 hours (express and discard breast milk).							
	Initials:						
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 MRI procedure that I am about to undergo.							
Signa	ture of person completing form Print n	ame					
Date_	Relatio	nship to patient					