



Patient Name: _____ DOB: ____/____/____

MRI Patient Safety Screening Consent Form

Date: ____/____/____ Exam: _____

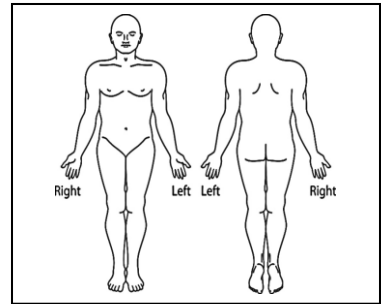
Symptoms/History: _____

Contrast: W/O W/ W/WO W (Arthrogram)

Laterality: Right Left Bilateral

Claustrophobic: No Yes Needs Medication

Height: _____ Weight: _____



Does the patient have any of the following	Yes	No	More Information
Previous surgery on region of interest			
Any Procedures/Surgery in the last 6 weeks?			
Any Cardiac Surgery			
Pacemaker/ Recorder or Cardiac Devices			
Any Head/Brain Surgery			
Aneurysm Clips, Coils, Filters			
Any Implanted Stents			
Electronic, Magnetic Devices, or Shunts			
Eye, Cochlear or Otologic Implants			
Implanted/Pumps/Stimulators/Wires/Batteries			
Implanted tissue expander			
Surgically implanted devices			
Vascular access port and or catheter			
Surgically implanted metal (Surgical clips, wires, staples, pins or plates			
History of Cancer			
Metallic foreign bodies in eyes or body			<i>Where? If yes removed or cleared by x-ray?</i>
Braces, splints, prosthetic limbs			
Medication patches or Body Piercings			
Possibility of pregnancy or Pregnant			





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Before entering the MR environment, you must remove all metallic and or ferrous objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, watch, safety pins, paperclips, money clip, credit or bank cards, magnetic strip cards, coins, pens, pocket knife, nail clippers, tools, clothing with metal fasteners, & clothing with metallic threads. Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room. NOTE: You will be required to wear ear plugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise.

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 MR procedure that I am about to undergo.

_____/_____/_____ ____:____ AM / PM
Patient Signature Date Time

_____/_____/_____ ____:____ AM / PM
Technologist Signature Date Time

Music Selection:

