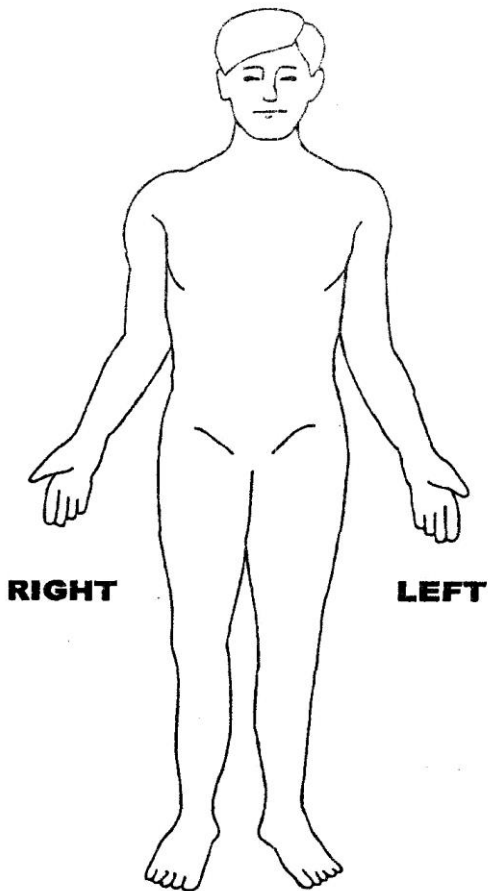


Magnetic Resonance Patient Screening

The Following items can interfere with MR imaging and Some can actually be hazardous to you safety.

On this drawing, please mark the location of any metal **inside** your body.



Please check if you have any of these items:

- Cardiac pacemakers or Defibrillator
- Brain Clips
- Aortic Clips
- Neurostimulators (TENS- units)
- Heart valve
- Insulin Pump
- Electrodes
- Hearing aides
- IUD
- Shunts
- Joint Replacements
- Fractured bones related with metal rods, metal plates, pins, screws, nails or clips
- Harrington rod
- Bone or joint pins
- Prosthesis
- Metal mesh
- Wire sutures
- Shrapnel
- Dentures
- Metal slivers in the eyes
- Cochlear implants
- Kidney problems
- Dialysis
- Tattoo eyeliner
- Eye surgery prior to 1960 (Cataract)
- Transdermal Medication Patch
- Breast implants
- Magnetic Nail Polish

Patient's Current Weight: _____ lbs

If Female; Are you pregnant? Yes No

Is patient claustrophobic? Yes No

List any allergies: _____

List any previous surgeries: _____

Patient Signature: _____ Date: _____ Time: _____

Office Use Only

BUN: _____ Creat: _____ GFR: _____ (If warranted) HX: _____

Contrast Type/Amount: _____

Reviewer Signature: _____