



MRI SAFETY QUESTIONNAIRE

For Office Use Only
Place Patient ID label here

Patient name _____ Exam date _____

Please indicate below any implanted items that apply.

If you check YES for any below, did you bring your card to verify MRI compatibility? _____

- | | |
|---|---|
| <input type="radio"/> Y <input type="radio"/> N Aneurysm clip | <input type="radio"/> Y <input type="radio"/> N Implanted drug pump |
| <input type="radio"/> Y <input type="radio"/> N Any IV access port/mediport (chemo port) | <input type="radio"/> Y <input type="radio"/> N Neurostimulator |
| <input type="radio"/> Y <input type="radio"/> N Any type of coil, filter or stent | <input type="radio"/> Y <input type="radio"/> N Pacemaker or wires from a pacemaker that has been removed |
| <input type="radio"/> Y <input type="radio"/> N Any type of implant held in place by a magnet | <input type="radio"/> Y <input type="radio"/> N Penile implant |
| <input type="radio"/> Y <input type="radio"/> N Any type of surgical clip or staple | <input type="radio"/> Y <input type="radio"/> N Pins, rods, screws, nails, plates, wires, etc. |
| <input type="radio"/> Y <input type="radio"/> N Artificial eye | <input type="radio"/> Y <input type="radio"/> N Radiation seeds |
| <input type="radio"/> Y <input type="radio"/> N Artificial heart valve | <input type="radio"/> Y <input type="radio"/> N Removable dentures, false teeth or partial plate |
| <input type="radio"/> Y <input type="radio"/> N Artificial limb or joint | <input type="radio"/> Y <input type="radio"/> N Shunt |
| <input type="radio"/> Y <input type="radio"/> N Biostimulator | <input type="radio"/> Y <input type="radio"/> N Spinal fixation device |
| <input type="radio"/> Y <input type="radio"/> N Body piercing | <input type="radio"/> Y <input type="radio"/> N Spinal fusion procedure |
| <input type="radio"/> Y <input type="radio"/> N Cardiac defibrillator | <input type="radio"/> Y <input type="radio"/> N Surgical mesh |
| <input type="radio"/> Y <input type="radio"/> N Diaphragm, IUD or pessary | <input type="radio"/> Y <input type="radio"/> N Tattoos or tattooed eyeliner |
| <input type="radio"/> Y <input type="radio"/> N Eyelid spring | <input type="radio"/> Y <input type="radio"/> N Tissue expander |
| <input type="radio"/> Y <input type="radio"/> N Hearing or ear implant/hearing aids | <input type="radio"/> Y <input type="radio"/> N Wig or hair implants |

Other: _____

INSTRUCTIONS FOR THE PATIENT:

1. You are urged to use the earplugs or headphones we supply during your MRI examination since some patients may find the noise levels unacceptable, and the noise volume may affect your hearing.
2. Remove your watch, pager, cell phone, credit cards, bankcards, and all other cards with a magnetic strip.
3. Remove all jewelry (eg, necklaces, pins, rings) hairpins, bobby pins, barrettes, clips, hearing aides, eyeglasses.
4. Remove all dentures, false teeth, and partial dental plates.
5. Remove body piercing objects.
6. A gown will be provided, if needed, by the MRI Technologist or WRA personnel. Remove all clothing with metal fasteners, zippers, etc.

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

Patient signature: _____ Date: _____

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Remarks: _____

Technologist: _____ Date: _____