

PLEASE FILL OUT THE FORM BELOW. THIS WILL ENABLE US TO DO A SAFE AND ACCURATE EXAMINATION.

THE FOLLOWING ITEMS CAN INTERFERE WITH MR IMAGING AND SOME CAN BE HAZARDOUS TO YOUR SAFETY. PLEASE CHECK IF YOU HAVE ANY OF THE FOLLOWING:

YES NO

___ ___ **CARDIAC PACEMAKER**

___ ___ **BRAIN ANEURYSM CLIPS**

___ ___ AORTIC CLIPS

___ ___ HEART VALVE

___ ___ IMPLANTED NEURO STIMULATOR

___ ___ HEARING AIDES

___ ___ SHUNTS

___ ___ METAL RODS, PLATES OR PINS

___ ___ PROSTHESIS

___ ___ WIRE SUTURES

___ ___ SHRAPNEL

___ ___ COCHLEAR IMPLANTS

___ ___ METAL SLIVERS IN THE EYE

___ ___ DENTURES

ANY OTHER METAL IN YOUR BODY?
WHERE? _____

ARE YOU CLAUSTROPHOBIC OR HAVE DIFFICULTY BEING IN CONFINED SPACES?
YES _____ NO _____

YOUR HEIGHT _____ WEIGHT _____

HAVE YOU HAD LOWER BACK SURGERY?
YES _____ NO _____ WHEN? _____

DO YOU HAVE KIDNEY PROBLEMS? YES or NO

ANY PREVIOUS EXAMS IN THE AREA OF CONCERN?
IF SO, WHERE _____
DATE AND TYPE OF EXAMS:

HAVE YOU EVER WORKED IN A MACHINE SHOP OR ANY PLACE WHERE YOU MAY HAVE BEEN EXPOSED TO SMALL METAL SLIVERS, ESPECIALLY IN THE EYES?
YES _____ NO _____

DESCRIBE THE MEDICAL PROBLEM AND SYMPTOMS WHICH BROUGHT YOU HERE TODAY:

HOW LONG HAVE YOU HAD THESE SYMPTOMS?

BEFORE YOUR MRI, PLEASE REMOVE ALL METALLIC OBJECTS INCLUDING KEYS, HAIR PINS, BARRETTES, JEWELRY, WATCH, SAFETY PINS, PAPERCLIPS, MONEY CLIPS, CREDIT CARDS, COINS, PENS, BELT, POCKET KNIFE, AND CLOTHING WITH ANY METAL MATERIAL.

BY SIGNING BELOW, YOU INDICATE THAT YOU HAVE ANSWERED ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE, READ AND UNDERSTAND THIS CONSENT FORM AND AGREE TO BE IMAGED.

SIGNATURE

DATE

WITNESS

MEDICAL OFFICE USE ONLY

CONTRAST:
PROHANCE 15ml _____
PROHANCE 20ml _____

ARTHROGRAM? _____
DIAZEPAM ? yes / no 10mg or 20mg

TECHNOLOGIST NOTES:

EXAM NOT COMPLETED:
CANCELED _____
RESCHEDULED _____