



MRI SAFETY SHEET

IMPORTANT INSTRUCTIONS – **Before** entering the MRI room, you must remove **all** metallic objects including hearing aids, wallet, keys, hair pins/accessories, credit cards, pocket knife, certain clothing with metal fasteners, etc.

DO NOT ENTER the MRI room if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Radiologist **BEFORE** entering the MR system room.

THE MRI SYSTEM MAGNET IS ALWAYS ON.

Please circle if you have any of the following:

- | | | | | | |
|------------|-----------|--|------------|-----------|---|
| Yes | No | Aneurysm Clip(s) | Yes | No | Wire Mesh Implant |
| Yes | No | Cardiac Pacemaker | Yes | No | Bone/Joint Pin, Screw, Nail, Wire, Plate |
| Yes | No | Implanted Defibrillator (ICD) | Yes | No | Tissue Expander (e.g. Breast) |
| Yes | No | Neurostimulation system | Yes | No | Shunt (spinal or interventricular) |
| Yes | No | Any metallic fragment or foreign body | Yes | No | Joint replacement (hip, knee, etc.) |
| Yes | No | Bone Growth/Bone Fusion Stimulator | Yes | No | Any Type of Prosthesis (Eye, Penile, etc.) |
| Yes | No | Cochlear, Otologic, or other Ear Implant | Yes | No | Medication Patch (Nicotine, (Nitroglycerine) |
| Yes | No | Insulin or other Infusion Pump | Yes | No | Artificial or Prosthetic Limb |
| Yes | No | Implanted Drug Infusion Device | Yes | No | Surgical Staples, Clips, or Metallic Sutures |
| Yes | No | Vascular Access Port and/or Catheter | Yes | No | Eyelid Spring or Wire |
| Yes | No | Metallic Stent, Filter, Coil or Heart Valve | Yes | No | Body Piercing Jewelry |
| Yes | No | Breathing Problem/ Motion Disorder | Yes | No | Dentures, or Partial Plates |
| Yes | No | IUD, Diaphragm, or Pessary | Yes | No | Other Implants? _____ |
| Yes | No | Hearing Aid | Yes | No | Have you EVER had metal in your eyes or skull? |
| Yes | No | Are you Pregnant, Possibly Pregnant or Breast Feeding? | | | |

I consent to medical treatment and diagnostic services as deemed necessary and appropriate by the treating physician and his/her designee(s). This care may include but is not limited to: diagnostic procedures and administration of intravenous solutions including medications. I understand that any time an injection is given there is a possibility for complications and/or allergic reaction. Common symptoms include but are not limited to: nausea, headache, hives, infection, bruising, etc. These symptoms can become severe and lead to cardiac arrest.

I have had all my questions answered regarding my MRI exam and the safety questions answered above are true and accurate.

Signature of Patient (print name if minor)

Patient Date of Birth

Signature of Responsible Person

Date

Legal Relationship to Patient