

Imaging Specialists of Charleston



MRI SAFETY FORM

MRI is simple, safe and painless. However, because we use strong magnets during the procedure, metal objects in your body may be hazardous or cause interference. Please provide us with this important information before entering the MRI department.

NAME _____ AGE _____ WEIGHT _____

Do you have any of the following items in your body:

Pacemaker	YES _____ NO _____	Implanted electrical device	YES _____ NO _____
Ear / Cochlear implant	YES _____ NO _____	Neurostimulators	YES _____ NO _____
Brain / aneurysm clips	YES _____ NO _____	Stents	YES _____ NO _____
Metal in eyes	YES _____ NO _____	Tissue expander	YES _____ NO _____
Metal fragments or shrapnel	YES _____ NO _____	Magnetic dental implants	YES _____ NO _____

Any other metal objects or implants _____

If known, please give name and date of implant. _____

List any allergies to food or drugs.

Have you ever had an MRI? YES _____ NO _____ Date of last MRI: _____

Have you ever had an injection of contrast for an MRI? YES _____ NO _____

Have you ever had surgery? YES _____ NO _____ If Yes, please list all procedures and dates.

Have you ever been diagnosed with cancer? YES _____ NO _____

Do you think you may be claustrophobic? YES _____ NO _____

Did you have an injury? YES _____ NO _____ If so please write injury date: _____

Female patients: Is there any possibility of pregnancy? YES _____ NO _____
Are you breast-feeding? YES _____ NO _____

I hereby give my consent to Imaging Specialists of Charleston to perform an MRI as ordered by my physician. Sometimes MRI requires an injection of contrast. MRI contrast (gadolinium) is administered through a small needle placed into a vein. During the administration of MRI contrast (gadolinium), you may experience the sensation of the contrast being injected, which is normal and expected. MRI contrast (gadolinium) is quite safe, however as with all medications, there is a slight risk of an allergic reaction. The physicians and staff in the MRI Department are trained to respond to any emergency situation that may develop. In addition, we use the safest MRI contrast, which our physicians believe is best for you. I have read and understand the above information and my questions have been answered. I consent to the use of paramagnetic contrast.

Signature _____ Relationship to pt. _____ Date _____

Technologist Signature _____ Date _____