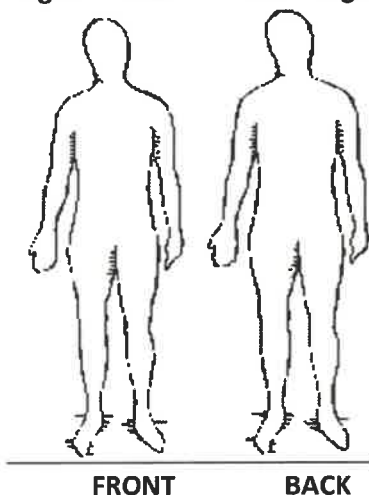


NAME \_\_\_\_\_ AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

### MRI SAFETY /SCREENING FORM

**Location of Pain: Please mark area of pain**

Right Left Left Right



Female patients: Is there any possibility of pregnancy? Yes\_\_ No\_\_

Are you breast-feeding? YES\_\_ NO\_\_

Do you think you may be claustrophobic? Yes\_\_ NO\_\_

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.

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

Pacemaker	YES_____ NO_____
Implanted electrical device	YES_____ NO_____
Ear / Cochlear implant	YES_____ NO_____
Hearing Aid	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_____
Diabetic	YES_____ NO_____

If known, please give name and date of implant. \_\_\_\_\_

Diabetic? 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 SECTION ONLY

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

SYMPTOMS: \_\_\_\_\_

CANCER: \_\_\_\_\_

TRAUMA: \_\_\_\_\_

SURGERY: \_\_\_\_\_

RENAL FAILURE: Yes or No Contrast: Multihance \_\_\_\_\_ Gadavist / Arth \_\_\_\_\_ Sedation: \_\_\_\_\_