

Name : _____



Staff of Associated Radiologists, PA has informed me: Magnetic Resonance Imaging utilizes a very high magnetic field that can cause metallic objects located in the body to move which could result in potential health problems.

Any chance of pregnancy? () Yes () No Reason for exam: _____

LMP: _____

Are you currently taking any medication? _____

Any known allergies? () Yes () No

Be Specific: _____

If yes, what? _____

Recent / Previous MRI, CT, or X-Ray study?

() Yes () No

Date and type of Examination:

1. _____
2. _____
3. _____
4. _____
5. _____

Date and type of Surgery:

1. _____
2. _____
3. _____
4. _____
5. _____

History

Malignancy () yes () No

Cancer () yes () No

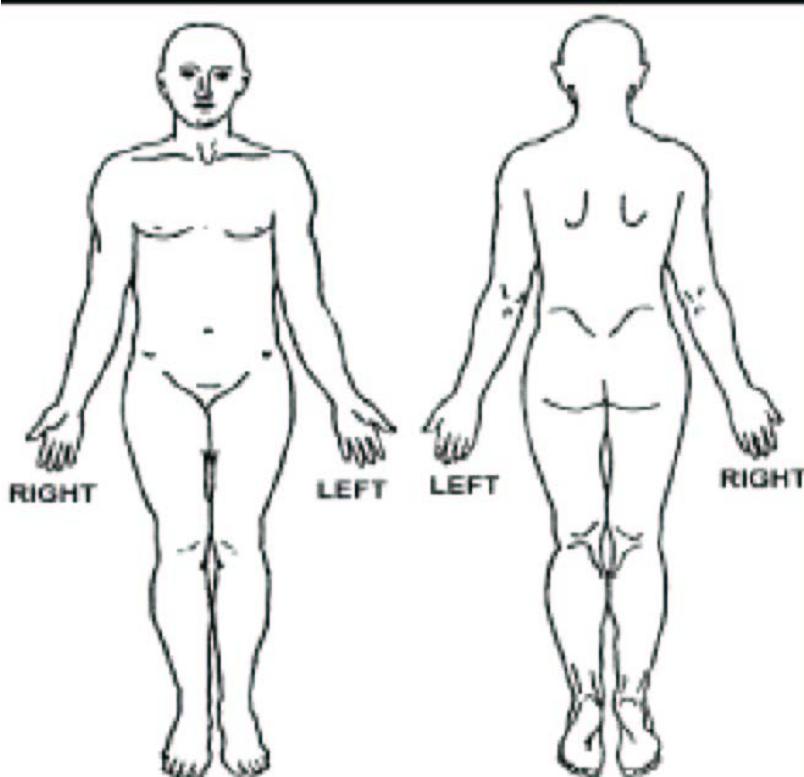
Eye Injury or Surgery () yes () No

Other Surgery () yes () No

Have you ever worked in a machine shop or similar environment where you may have been subjected to small metal slivers? () Yes () No

Do you have any breathing problems, motion disorder or claustrophobia? () Yes () No

Please mark on the figure(s) below the location of any implant or metal inside of or on your body.



The following items can interfere with Magnetic Resonance Imaging (MRI) and some can be hazardous to your safety. Please check if you have any of these items.

- | | |
|--|---|
| <input type="checkbox"/> Cardiac Pacemaker | <input type="checkbox"/> Fractured bones treated with metal rods metal plates, pins, screws, nails or clips |
| <input type="checkbox"/> Cardiac Defibrillator (ICD) | <input type="checkbox"/> Harrington Rod |
| <input type="checkbox"/> Cardiac Valve Prosthesis | <input type="checkbox"/> Bone or joint pins |
| Clips of Blood Vessel: | <input type="checkbox"/> Prosthesis (eye, penile) |
| <input type="checkbox"/> Aneurysm Clips | <input type="checkbox"/> Metal Mesh Stent Coil |
| <input type="checkbox"/> Brain Clips | <input type="checkbox"/> Wire Sutures / Staples |
| <input type="checkbox"/> Aortic Clips | <input type="checkbox"/> Shrapnel |
| <input type="checkbox"/> Carotid Clips | <input type="checkbox"/> Dentures, partial plates |
| <input type="checkbox"/> Neuro or Bone stimulator | <input type="checkbox"/> Metal slivers in the eyes |
| <input type="checkbox"/> Heart Valve prosthesis | <input type="checkbox"/> Eyeliner tattoos |
| <input type="checkbox"/> Insulin / Infusion Pump | <input type="checkbox"/> Inner ear prosthesis |
| <input type="checkbox"/> Internal Electrodes / Wire | <input type="checkbox"/> Transderm patches: i.e.; Nitro, Nicotine, Drug |
| <input type="checkbox"/> Hearing Aides | <input type="checkbox"/> Greenfield Filter |
| <input type="checkbox"/> IUD, diaphragm | <input type="checkbox"/> Magnetic Implant/device |
| <input type="checkbox"/> Shunts | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Joint Replacements | |
| <input type="checkbox"/> Body piercing jewelry | |
| <input type="checkbox"/> Electronic Implant/device | |

Please remove hearing aids, watches or electronic devices (Neurostimulators) before entering the scan room.

I have reviewed the above list and have informed the staff of all metal objects within my body. I understand that I must take full responsibility for informing MRI personnel of these metallic objects.

I attest that the above information is correct to the best of my knowledge. I hereby release Associated Radiologists, P.A. from responsibility for damage to my person as a result of any metallic objects within my body.

Signature of Patient: _____ Date: _____

AR Staff Signature: _____ 2nd AR Staff Signature _____