



Technologist Name: (print first, last)

MRI Patient Safety Screening Form

Date of Birth:	Patient Name: (print first, last)		Date: dd / mm / yy	
nave any of the following: Cardiac pacemaker Pacing wires (from previous pacemaker) Cerebral aneurysm clips Neuro or bio stimulator device Swan Ganz line (or metallic wire/tip catheter) Implanted insulin/chemotherapy pump Cochlear (inner ear) implant Heart valve replacement Hearing aid Orbital/eye prosthesis (cataract lens implant safe) IUD Any type of intravascular coil, filter, stent Shrapnel (gunfire) Dentures (or magnetic dental implant) Artificial limb or joint Transdermal Patches Glucose monitoring sensor Metal rods, plates, screws, nails, wires Have you ever worked with metal? Have you ever had metal in your eyes? Are you pregnant? Do you have a history of Kidney Disease? Are you on Dialysis? Please mark on this drawing, the location of any metal inside your body. Please mark on this drawing, the location of any metal inside your body. Please mark on this drawing, the location of any metal inside your body. Please mark on this drawing, the location of any metal inside your body. Please mark on this drawing, the location of any metal inside your body. Please mark on this drawing, the location of any metal inside your body. Please mark on this drawing, the location of any metal inside your body. Please mark on this drawing, the location of any metal inside your body. Please mark on this drawing, the location of any metal inside your body. Please mark on this drawing, the location of any metal inside your body. Please mark on this drawing, the location of any metal inside your body. Please mark on this drawing, the location of any metal inside your body. Please mark on this drawing, the location of any metal inside your body. Please mark on this drawing, the location of any metal inside your body. Please mark on this drawing, the location of any metal inside your body. Please mark on this doctor. Please mark on the location of any metal inside your body.	Date of Birth: dd / mm / yy	Height:	Weight:	
Pacing wires (from previous pacemaker) Cerebral aneurysm clips Neuro or bio stimulator device Swan Ganz line (or metallic wire/tip catheter) Implanted insulin/chemotherapy pump Cochlear (inner ear) implant Heart valve replacement Hearing aid Orbital/eye prosthesis (cataract lens implant safe) IUD Any type of intravascular coil, filter, stent Shrapnel (gunfire) Dentures (or magnetic dental implant) Artificial limb or joint Transdermal Patches Glucose monitoring sensor Metal rods, plates, screws, nails, wires Have you ever worked with metal? Have you ever had metal in your eyes? Are you on Dialysis? Any other metal in your body?				
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Neuro or bio stimulator device Swan Ganz line (or metallic wire/tip catheter) Implanted insulin/chemotherapy pump Cochlear (inner ear) implant Heart valve replacement Hearing aid Orbital/eye prosthesis (cataract lens implant safe) IUD Any type of intravascular coil, filter, stent Shrapnel (gunfire) Dentures (or magnetic dental implant) Artificial limb or joint Transdermal Patches Glucose monitoring sensor Metal rods, plates, screws, nails, wires Have you ever worked with metal? Have you ever had metal in your eyes? Are you pregnant? Do you have a history of Kidney Disease? Are you on Dialysis? Any other metal in your body?	Pacing wires (from previous pacemaker)	:::::::::::::::::::::::::::::::::		
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Implanted insulin/chemotherapy pump Cochlear (inner ear) implant Heart valve replacement Hearing aid Orbital/eye prosthesis (cataract lens implant safe) Tattoos IUD Any type of intravascular coil, filter, stent Shrapnel (gunfire) Dentures (or magnetic dental implant) Artificial limb or joint Transdermal Patches Glucose monitoring sensor Metal rods, plates, screws, nails, wires Have you ever worked with metal? Have you ever had metal in your eyes? Are you pregnant? Do you have a history of Kidney Disease? Are you on Dialysis? Any other metal in your body?	Neuro or bio stimulator device	men	tal inside your body.	
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Heart valve replacement Hearing aid Orbital/eye prosthesis (cataract lens implant safe) Tattoos IUD Any type of intravascular coil, filter, stent Shrapnel (gunfire) Dentures (or magnetic dental implant) Artificial limb or joint Transdermal Patches Glucose monitoring sensor Metal rods, plates, screws, nails, wires Have you ever worked with metal? Have you ever had metal in your eyes? Are you pregnant? Do you have a history of Kidney Disease? Are you on Dialysis? Any other metal in your body?	Implanted insulin/chemotherapy pump			
Hearing aid Orbital/eye prosthesis (cataract lens implant safe) Tattoos IUD Any type of intravascular coil, filter, stent Shrapnel (gunfire) Dentures (or magnetic dental implant) Artificial limb or joint Transdermal Patches Glucose monitoring sensor Metal rods, plates, screws, nails, wires Have you ever worked with metal? Have you ever had metal in your eyes? Are you pregnant? Do you have a history of Kidney Disease? Are you on Dialysis? Any other metal in your body?	Cochlear (inner ear) implant		くごう	
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Glucose monitoring sensor Metal rods, plates, screws, nails, wires Have you ever worked with metal? Have you ever had metal in your eyes? Are you pregnant? Do you have a history of Kidney Disease? Are you on Dialysis? Any other metal in your body?	Artificial limb or joint			
Metal rods, plates, screws, nails, wires Have you ever worked with metal? Have you ever had metal in your eyes? Are you pregnant? Do you have a history of Kidney Disease? Are you on Dialysis? Any other metal in your body?	Transdermal Patches		() ()	
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Have you ever had metal in your eyes? Are you pregnant? Do you have a history of Kidney Disease? Are you on Dialysis? Any other metal in your body?	Metal rods, plates, screws, nails, wires			
Are you pregnant? Do you have a history of Kidney Disease? Are you on Dialysis? Any other metal in your body?	Have you ever worked with metal?			
Do you have a history of Kidney Disease? Are you on Dialysis? Any other metal in your body?	Have you ever had metal in your eyes?			
Are you on Dialysis? Any other metal in your body?	Are you pregnant?		1/1/	
Any other metal in your body?	Do you have a history of Kidney Disease?		1111	
	Are you on Dialysis?		level Jan	
(including tissue expanders, endoscopy capsules) It yes, give details.		1		
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Previous surgeries:	Previous surgeries:			
Symptoms:				
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Patient Signature: Date: dd / mm / yy Substitute Decision-Maker Name: (print first, last) Date: dd / mm / yy		1		

Date: