Location Name:	Date:	MRN/Jacket #:	MRI Safety Form

Name: _____ **DOB:** _____ **Referring Physician:** _____

Procedure _____ **Accession #:** _____

WARNING! The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, all individuals are required to fill out this form BEFORE entering the MR environment or MR system room. **Be advised, the MR system magnet is ALWAYS on.**

Please indicate if you have any of the following:

☐ Yes ☐ No	Swan-Ganz or thermodilution catheter	☐ Yes ☐ No	Radiation seeds or implants
☐ Yes ☐ No	Cardiac Pacemaker	☐ Yes ☐ No	Medication Patch (Nicotine, Nitroglycerine)
☐ Yes ☐ No	Implanted Cardioverter defibrillator (ICD)	☐ Yes ☐ No	Wire mesh implant
☐ Yes ☐ No	Aneurysm Clip(s)	☐ Yes ☐ No	Surgical staples, clips, or metallic sutures
☐ Yes ☐ No	Electronic implant or device	☐ Yes ☐ No	Artificial or prosthetic limb
☐ Yes ☐ No	Magnetically –activated implant or device	☐ Yes ☐ No	Joint replacement (hip, knee, etc.)
☐ Yes ☐ No	Neurostimulation system	☐ Yes ☐ No	Bone/joint pin, screw, nail, wire, plate, etc.)
☐ Yes ☐ No	Spinal Cord Stimulator	☐ Yes ☐ No	Any metallic fragment, BB, shrapnel or foreign body
☐ Yes ☐ No	Internal electrodes or wires	☐ Yes ☐ No	Vascular access port, PICC line or catheter
☐ Yes ☐ No	Bone growth/Bone fusion stimulator	☐ Yes ☐ No	Dentures or partial plates
☐ Yes ☐ No	Cochlear, otologic, or other ear implant	☐ Yes ☐ No	Tattoo or permanent makeup
☐ Yes ☐ No	Insulin or other infusion pump	☐ Yes ☐ No	Body piercing jewelry
☐ Yes ☐ No	Implanted drug infusion device	☐ Yes ☐ No	Hearing aid (Remove Hearing aid(s) before entering MR system room)
☐ Yes ☐ No	Shunt (spinal or ventricular)	☐ Yes ☐ No	Breathing difficulties or motion disorder
☐ Yes ☐ No	Tissue expander (e.g. breast)	☐ Yes ☐ No	Claustrophobia
☐ Yes ☐ No	Any type of prosthesis (eye, penile, etc.)	☐ Yes ☐ No	Eyelid spring or wire
☐ Yes ☐ No	Metallic stent, filter, or coil	☐ Yes ☐ No	Heart valve prosthesis
☐ Yes ☐ No	IUD, diaphragm, or pessary	☐ Yes ☐ No	**ANY** Other implant: _____

Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.

Have you experienced any problem related to a previous MRI examination or MR procedure? ☐ **Yes** ☐ **No**

If yes, please describe: _____

Have you had an injury to the eye or any other body parts involving a metallic object or fragment (e.g. metallic slivers, shavings, foreign body, BB, bullet, shrapnel etc.) ☐ **Yes** ☐ **No**

If yes, please describe: _____

IMPORTANT INSTRUCTIONS

Before entering the MR environment or MR system room, you must remove ALL metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife**, guns**, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads.

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo. If I am to have intravenous contrast with my MRI, I have been informed of the risks of possible allergic reactions and that patients with kidney disease can suffer serious to fatal effects by receiving gadolinium based contrast agents.

Signature of Person Completing Form: _____ **Date:** ___/___/___

Form Completed By: **Patient** **Relative** **Nurse:** _____ _____

Print Name **Relationship to Patient**

Form Information Reviewed By: _____ _____

Print Name **Signature**

☐ **MRI Technologist** ☐ **Translator/ Translator#** ☐ **Radiologist** ☐ **Other** _____