

MRI Screening

Do you have any of the following? (Please Circle)

- | | | |
|--|--|--|
| • Aneurysm clip(s) | • Spinal cord stimulator | • Any type of prosthesis (eye, penile, etc) |
| • IUD, diaphragm, or pessary | • Wire mesh implant | • Tattoo, permanent makeup, magnetic lashes |
| • Cardiac pacemaker | • Internal electrodes or wires | • Heart valve prosthesis |
| • Glucose monitor | • Tissue expander (e.g. breast) | • Body piercing jewelry |
| • Artificial or prosthetic limb | • Bone growth/bone fusion stimulator | • Eyelid spring or wire |
| • Implanted cardioverter defibrillator (ICD) | • Surgical staples, clips, metallic sutures | • Hearing aid (remove before entering MR room) |
| • Radiation seeds or implants | • Cochlear, otologic, or other ear implant | • Metallic stent, filter, or coil |
| • Electronic implant or device | • Joint replacement (hip, knee, etc) | • Shunt (spinal or intraventricular) |
| • Swan-Ganz or thermodilution catheter | • Insulin or other infusion pump | • Breathing problems or motion disorder |
| • Magnetically-activated implant or device | • Bone/joint pin, screw, nail, wire, plate, etc. | • Vascular access port and/or catheter |
| • Medication patch (nicotine, nitroglycerine, etc) | • Implanted drug infusion device | • Claustrophobia |
| • Neurostimulation system | • Dentures, implants or partial plates | • Other implant? List below |
| • Any metallic fragment or foreign body | | • None |

Implant- Make: _____ Model: _____ Date: _____

WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with MR procedure (i.e., MRI, MR angiography). Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Radiologist **BEFORE** entering the MR system room. The MR system magnet is **ALWAYS** on. Before entering the MRI environment or MRI 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, paper clips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners and clothing with metallic threads. Safety risks from Radiofrequency (RF) waves include potential tissue heating and burns. Alert the scanner operator immediately if warming occurs. Please note that some warming is normal but you should never be uncomfortable.

Important Note: The noise generated by scanning may reach a level in the scan room and in the bore of the magnet that can result in temporary (and occasionally) permanent hearing loss. Any patient who undergoes an MRI, as well as anyone in Zone 4 during a Scan, **MUST** wear hearing protection. Your exam may be monitored for quality assurance.

I attest that the above information is correct to the best of my knowledge. I have read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MRI procedure I am about to undergo.

Signature of person completing form: _____ Date: _____

Form Completed by: Patient Relative Nurse/Caregiver Printed Name: _____

Office Use Only:

Technologist/Credentials: _____ Date: _____

MRI History

PLEASE PRINT:

Date: _____

M F

Name (last, first): _____ Date of Birth: _____

Referring Physician: _____ Height: _____ Weight: _____

PATIENT HISTORY

Reason you are here today? Please list the problem, the area(s) experiencing the problem and when it started): _____

Have you had any surgery in the area being scanned? Y N
Type/date: _____

Any history of trauma or injury in the area we are scanning today? Y N
Type/date: _____

Do you have a history of cancer? Y N
Type/date: _____

Any prior imaging/scans on the body part we are scanning today? Y N
Type/date/facility name: _____

Do you have any food or drug allergies? Y N
List all: _____

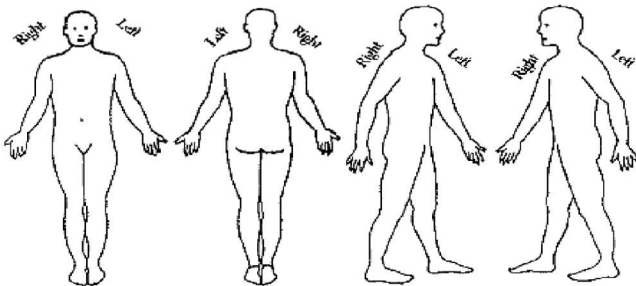
Pre-medicated specifically for this study today? Y N
Medication Name(s): _____ Time/date of last dose _____
Physician Name who prescribed: _____

Have you ever had metal in your eye or removed from your eyes? Y N

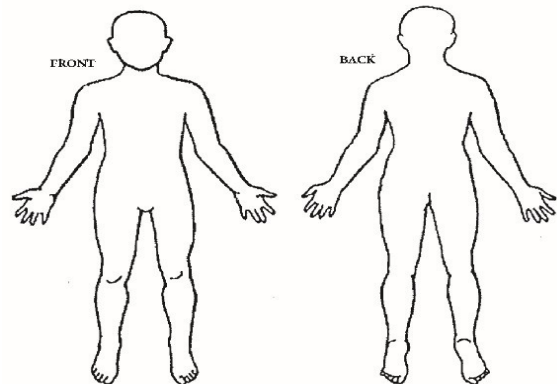
FEMALE ONLY: **Is there a possibility of pregnancy?** Y N

Last Menstrual Cycle: _____ How Far Along? _____

*Please mark the areas of your body where you feel
PAIN / NUMBNESS / TINGLING / WEAKNESS*



**Please mark on the figure(s) below, the location of of
IMPLANT or metal inside of or on your body**





Consent for Gadolinium-based IV Contrast

Name: _____ Date of Birth: _____

Some patients undergoing an MRI scan may require an intravenous (IV) dye (contrast) known as Gadolinium. There are many benefits of using IV contrast for an MRI. It improves accuracy, assists in diagnosing abnormalities and may help direct your treatment. As with all drugs or medications, there are risks; however, the benefits usually outweigh the small chance of side effects or reactions. The decision to give you IV contrast is not taken lightly and is carefully made by your referring doctor and/or our radiologist. Most injections of IV contrast occur without any issues. A rare, but possible side effect from IV contrast injections is extravasation. Extravasation means that the contrast material went outside the blood vessel and has gone into the surrounding tissue. Extravasation may result in a stinging or burning sensation, and/or tightness or swelling at the injection site. Minor contrast reactions are the most common, but happen in less than 0.05% of cases. Symptoms may include headache, sneezing, nausea, vomiting, hives and swelling and usually resolve rapidly. Occasionally medications may be required to help treat these symptoms if they persist. Rarely, a severe reaction can happen. This may include a rapid or slow heart rate, low blood pressure, an asthma attack (bronchospasm) or complete circulatory arrest/shock. Such reactions require urgent medical treatment, which our offices are prepared to handle. If you have ANY symptoms that concern you, please tell your technologist promptly. Patients with reduced kidney (renal) function or kidney failure should not undergo an injection of gadolinium unless this has been cleared by a specialist in this field (renal physician) in order to avoid a potentially life-threatening condition known as NSF (Nephrogenic Systemic Fibrosis). Patients who have had a contrast reaction to the contrast used in CT, IVP, and angiographic examinations are at a 3.7 times increased risk of an adverse reaction. Otherwise, there is no way of predicting who will be allergic to contrast until the dye is given. A patient who becomes allergic will usually develop their symptoms within 10 minutes. It has been shown that gadolinium agents can be retained in areas of the body, such as the brain, or in bone. The importance of this is unclear, and no disease process has been associated, even in cases where deposits have been found. The lowest retention has been shown with the type of agents (macrocytic) used at all of our clinics. If after reading this information you are not willing to undergo a study with IV contrast, the test may still be done without it; however, in certain cases this will limit the amount of information we can get from the test. The risks associated with the use of gadolinium-based contrast has been explained to me, and I have been given the opportunity to address my questions or concerns.

I CONSENT to the administration of a gadolinium-based contrast for the completion of an MRI and/or MRA Study.

I DECLINE to have the MRI and/or MRA with contrast

Signature: _____ Date of Service: _____

Office Use Only:

Technologist/Credentials: _____

Date: _____