

**MRI Metal Questionnaire**

Warning

Certain Implants, devices, or objects may be hazardous to you in the MRI environment or MR system room. **DO NOT ENTER** the MRI environment or MRI system room if you have any question or concern regarding an implant, device, or object. **Be advised, the MRI system magnet is ALWAYS on.**

- Yes No Cardiac Pacemaker
- Yes No Brain Clips
- Yes No Aortic Clip
- Yes No Internal Cardiac Defibrillator
- Yes No Neurostimulators (Tens-unit)
- Yes No Heart valve
- Yes No Metallic stent, filter, or coil
- Yes No Metal fragments or shrapnel in body /eyes
- Yes No Cochlear implants
- Yes No Electrodes (internal or external)
- Yes No Hearing Aids
- Yes No Shunts, spinal or ventricular
- Yes No Joint replacement
- Yes No Fractured bones treated w/metal rods
- Yes No Metal implants, screws, pins, clips, etc..
- Yes No Harrington rods
- Yes No Bone or joint pins
- Yes No Prosthesis
- Yes No Metal mesh implant
- Yes No Wire sutures
- Yes No Medication patch \_\_\_\_\_
- Yes No Dentures
- Yes No Wig or hairpiece
- Yes No Body piercing jewelry
- Yes No Pumps (pain or insulin)
- Yes No Other metal implants \_\_\_\_\_

Have you ever had an operation or surgery of any kind? If so, please list them all with dates.

Yes                      No

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Technologist Initials:

**Cell Phones:** When the Technologist calls your name, please turn off your cell phone

**For Female Patients:**

- Yes No Any breast expanders?
- Yes No Any possibility of pregnancy?
- Yes No Are you currently breast feeding?

Receptionist Initials:

I have answered the preceding questions to the best of my knowledge. I hereby give my consent to have a Magnetic Resonance Image (MRI) scan. I have directed any questions to my doctor or the MRI staff.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (Patient or Parent/Guardian)

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Date Signed