

TO OUR PATIENTS AND ACCOMPANYING FAMILY MEMBERS...

The MR room contains a very strong magnet. Before you are allowed to enter, we must know if you have any metal in your body. Some metal objects can interfere with your scan or may even be dangerous, so PLEASE answer the following questions carefully. If you have a question regarding anything on this form, PLEASE DO NOT HESITATE TO ASK US!

- Yes  No Recent x-ray, CT, or MRI on area of exam?
- Yes  No History of cancer in your body?
- Yes  No Are you claustrophobic?
- Yes  No Have you ever been a machinist, welder, or metalworker?
- Yes  No Have you ever been hit in the face or eye with a piece of metal (including metal shavings, slivers, bullets or BBs)?
- Yes  No Have you ever had a piece of metal removed from your eye?
- Yes  No Are you pregnant, possibly pregnant, or breast feeding?

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

What type of symptoms are you having pertaining to this exam?

**Do you have any of these items in your body?**

- Yes  No Pacemaker, wires, or defibrillator
- Yes  No Ortho devices (plates,screws,pins,rods,wires)
- Yes  No Body piercing
- Yes  No Brain aneurysm clip
- Yes  No Ear implant or hearing aid
- Yes  No Eye implant
- Yes  No Electrical stimulator for nerves or bone
- Yes  No Bullets, BBs, or pellets
- Yes  No Metal shrapnel or fragments
- Yes  No Magnetic implant anywhere
- Yes  No Infusion pump
- Yes  No Coil, filter, or wire in blood vessel
- Yes  No Artificial limb or joint
- Yes  No Cosmetic or permanent tattoo
- Yes  No Implanted catheter or tube
- Yes  No **Stents?** If Yes, Date? \_\_\_\_\_
- Yes  No Penile prosthesis
- Yes  No Shunt
- Yes  No False teeth, retainers, or magnetic braces
- Yes  No Surgical clips,staples,wires,mesh, or stitches
- Yes  No Diaphragm or intrauterine device

- Yes  No Artificial heart valve
- Yes  No Halo vest
- Yes  No IV Access port
- Yes  No Wig or hair implant
- Yes  No Radiation seeds
- Yes  No Hair accessories
- Yes  No Jewelry
- Yes  No Trans dermal med. patch

**Information Concerning Gadolinium Contrast Material**

As part of your examination, the radiologist may deem it advisable to give you an I.V. injection of a contrast agent containing gadolinium. This injection may help the physician more accurately diagnose your condition. Although gadolinium contrast agents have been used safely in millions of cases, minor reactions (principally headache or nausea) occur in about 2% of patients, whereas serious or life-threatening reactions have been reported in about one in 400,000 patients.

- Yes  No Have you ever had a previous allergic reaction to MRI contrast material?
- Yes  No Are you currently taking any medication for diabetes?

Do you have a history of:

- Yes  No Asthma or emphysema?
- Yes  No Chronic kidney disease, failure or dialysis?
- Yes  No Liver disease?

My signature below indicates that I attest the answers I have provided to questions on this form are correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form. I have had the opportunity to discuss any concerns regarding my contrast administration with the technologist and/or radiologist. I acknowledge the possibility of an adverse reaction to a contrast injection. I give my consent to proceed with the injection and/or exam, as well as any blood tests necessary to help determine if my kidneys are functioning normally.

Signature (Patient or Guardian)

Date Signed: