

**MRI SAFETY FORM**

MRI is simple, safe and painless. However, because we use strong magnets during the procedure, metal objects in your body may be hazardous or cause interference. Please provide us with this important information before entering the MRI department.

Name \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Have you ever had an MRI? YES \_\_\_\_\_ NO \_\_\_\_\_ Date of last MRI: \_\_\_\_\_

Have you ever had surgery? YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, please list all procedures and dates.

Do you have any of the following items in your body:

Pacemaker YES \_\_\_\_\_ NO \_\_\_\_\_ Implanted electrical device YES \_\_\_\_\_ NO \_\_\_\_\_

Ear / Cochlear implant YES \_\_\_\_\_ NO \_\_\_\_\_ Neurostimulators YES \_\_\_\_\_ NO \_\_\_\_\_

Brain / aneurysm clips YES \_\_\_\_\_ NO \_\_\_\_\_ Stents YES \_\_\_\_\_ NO \_\_\_\_\_

Metal in eyes YES \_\_\_\_\_ NO \_\_\_\_\_ Tissue expander YES \_\_\_\_\_ NO \_\_\_\_\_

Metal fragments or shrapnel YES \_\_\_\_\_ NO \_\_\_\_\_

Magnetic dental implants YES \_\_\_\_\_ NO \_\_\_\_\_

Any other metal objects or implants \_\_\_\_\_

If known, please give name and date of implant \_\_\_\_\_

Have you ever had an injection of contrast for an MRI? YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, did you experience any of the following:

Hives: YES \_\_\_\_\_ NO \_\_\_\_\_

Shortness of breath: YES \_\_\_\_\_ NO \_\_\_\_\_

Fainting or collapse: YES \_\_\_\_\_ NO \_\_\_\_\_

**Female patients:** Are you pregnant? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you breast-feeding? YES \_\_\_\_\_ NO \_\_\_\_\_

Sometimes MRI requires an injection of contrast. MRI contrast (gadolinium) is administered through a small needle placed into a vein. During the administration of MRI contrast (gadolinium), you may experience the sensation of the contrast being injected, which is normal and expected.

MRI contrast (gadolinium) is quite safe, however as with all medications, there is a slight risk of an allergic reaction. The physicians and staff in the MRI Department are trained to respond to any emergency situation that may develop. In addition, we use the safest MRI contrast, which our physicians believe is best for you.

I have read and understand the above information.

Signature \_\_\_\_\_ Relationship to pt. \_\_\_\_\_ Date \_\_\_\_\_