

The following materials may be **hazardous** to your safety during the MRI examination. Please read all questions carefully!

**PLEASE INDICATE IF YOU HAVE OR HAD ANY OF THE FOLLOWING ITEMS.**

YES NO

- Have you ever had metal in your eyes, or removed from your eyes?
- Any type of foreign material, shrapnel, bullets? Where \_\_\_\_\_
- Any vascular stents, vascular coils, vascular filters, vascular graft?
- Do you have a **PACEMAKER**? Or old one removed?  
If yes, is it MRI compatible?  Yes  No or  Unknown  
Implant date: \_\_\_\_\_  
If yes, is it a replacement pacemaker  Yes  No
- Any brain surgery?
- Any aneurysm clip or coils in the body?
- Any type of inner ear surgery or inner ear implants?
- Any eye surgery or eye prosthesis? (Cataract or LASIK / RK is safe)
- Any recent tattoos? (Within the past 3 months)
- Any tattooed eyeliner, eyebrow, etc.
- Breast tissue expanders?
- Any  hearing aids,  dentures or  dental braces? Check all applicable.  
(Dental braces may render images unreadable in certain MRI exams.)
- Any shunt placement in the brain or body?
- Any drug pump implanted in the body? (i.e. insulin, morphine, chemo)
- Ever had an electronic or magnetic implant in the body? (Stimulator, etc.)
- Any artificial joints in the body? If so, where? \_\_\_\_\_
- Any penis implant or prosthesis?
- Is it possible you could be pregnant? Last menstrual cycle: \_\_\_\_\_
- Currently using an IUD or diaphragm?
- Currently breastfeeding?
- Any body piercings (other than the ears)? All must be removed prior.
- Wearing any medicine patch on the skin currently?
- Any wounds treated with silver-based medication or silver constructed wrap?
- Any other metal implants/concerns? \_\_\_\_\_
- Have you had an MRI scan at this facility before?

I have read the MRI contrast medication guide sheet, if applicable.  YES  NO  NA

Patient signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Interviewing staff: \_\_\_\_\_

**Radiology MRI Outpatient/Staff Screening**

AdventHealth Imaging Center

Roeland Park, KS 66205

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