

WEST BOCA MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

MRI Screening Form

Name: _____

Date: _____

Have you had any prior surgical procedure of any kind? Y or N

If yes, please explain: _____

The following items can interfere with MR imaging and some may be hazardous. Please check the appropriate box for each item.

Yes	No		Yes	No	
[]	[]	History of metal particles in eyes?	[]	[]	Bone plates, rods or screws/artificial joints
[]	[]	Any work experience as machinist/boilermaker	[]	[]	Telemetry monitoring pack
[]	[]	Any chance of pregnancy	[]	[]	Cardiac stent/filter/coil in any blood vessel
[]	[]	Cardiac pacemaker/ AICD/Defibrillator	[]	[]	Venous umbrella (Greenfield)
[]	[]	Brain aneurysm clip	[]	[]	Embolization coil
[]	[]	Dental implant held by a magnet	[]	[]	Shunt -Type:
[]	[]	Mechanical heart valve	[]	[]	Ocular implant (eyes) artificial eye
[]	[]	Implanted medicine pump/insulin pump	[]	[]	IUD/diaphragm/pessary ring
[]	[]	Nuerostimulator (TENS) unit	[]	[]	Tattoos/permanent make-up
[]	[]	Inner ear implant	[]	[]	Bullets, BBs, shrapnel
[]	[]	Prosthesis/penile implant	[]	[]	Medication patch (nicotine/nitroglycerine)
[]	[]	Surgical clips, staples, wires			

I have had the opportunity to ask any questions and they have been answered fully to my satisfaction. I attest that the above information is true to the best of my knowledge.

Signature: _____

Reviewed by:

Name: _____

Signature: _____

Date: _____

Updated 11/2014