

Nothing should enter the examination room that can be attracted to a magnet. All persons entering the examination room should review and identify any possible contraindications prior to entering the MRI scan room.

Some of the following items may be hazardous to your safety and some can interfere with the MRI examination. Please check the correct answer for each of the following. Do you have any of the following?

_____ Yes	_____ No	Have you ever had surgery? If yes, please explain: _____
_____ Yes	_____ No	Have you ever been hospitalized? _____
_____ Yes	_____ No	Cardiac Pacemaker? _____
_____ Yes	_____ No	Implanted cardiac defibrillator? _____
_____ Yes	_____ No	Internal pacing wires? _____
_____ Yes	_____ No	Clips such as cerebral, carotid, aortic aneurysm, abdominal or pelvic _____
_____ Yes	_____ No	Continuous Glucose Monitoring system? (Dexcom) _____
_____ Yes	_____ No	IUD or Diaphragm? (Brand name: _____) _____
_____ Yes	_____ No	Intravascular stents, filters, or coils (date of procedure ____/____/____)? _____
_____ Yes	_____ No	Breast tissue expander or breast biopsy markers: Brand: _____? _____
_____ Yes	_____ No	Neurostimulator/Bone growth or fusion stimulator? _____
_____ Yes	_____ No	Insulin or another drug infusion pump? _____
_____ Yes	_____ No	Any type of prosthesis or artificial limb (eye, penile, leg etc.)? _____
_____ Yes	_____ No	Heart valve prosthesis? _____
_____ Yes	_____ No	Shunt (spinal or intraventricular)? _____
_____ Yes	_____ No	Electrodes (on body, head, or brain)? _____
_____ Yes	_____ No	Cochlear or ocular implants? Any implant held in by magnets? _____
_____ Yes	_____ No	Any metal fragments? _____
_____ Yes	_____ No	Metal removed from your eye? _____
_____ Yes	_____ No	Swan-Ganz catheter? _____
_____ Yes	_____ No	Vascular access port of catheter? _____
_____ Yes	_____ No	Transdermal delivery system (Nitro)? _____
_____ Yes	_____ No	Antibiotic joint spacer? _____
_____ Yes	_____ No	Metal or wire mesh implants? _____
_____ Yes	_____ No	Metal rods or plates in body? _____
_____ Yes	_____ No	Joint replacement? _____
_____ Yes	_____ No	Body piercings? (If yes- All must be removed before scan) _____
_____ Yes	_____ No	Hearing aid? (If yes- must be removed before scan) _____
_____ Yes	_____ No	Dentures? _____
_____ Yes	_____ No	Braces, permanent retainer or spacer? _____
_____ Yes	_____ No	Tattooed makeup (eyeliner, lips, etc.)? _____
_____ Yes	_____ No	Hair extensions or wigs with metal clips? _____
_____ Yes	_____ No	Smart rings (Oura) _____
_____ Yes	_____ No	Inspire therapy (sleep apnea implant) _____

Have you had an MRI before? _____ If yes, when and where? _____

Subject's signature

_____/_____/_____
Date

Subject's height and weight: _____/_____

Subject's birthdate: _____