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 or abdominal?

_____ 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- 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.)?

GFR Measurement:_______Contrast/Dose__________

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

________________________________________________________________________________________

________________________________________________________________________________________

Subject’s signature ___________ Date ___________ ___________

Subject’s height and weight:__________/__________ Subject’s birthdate: ______________