

NEXT GENERATION RADIOLOGY

MAGNETIC RESONANCE IMAGING PATIENT INFORMATION SHEET

Today's Date _____

Date of Birth _____

Name _____

Weight _____

FEMALE PATIENTS CHILDBEARING AGE: **LMP DATE** _____ **PREGNANT?** _____

Have you ever had surgery other than dental? If so, please explain _____

Have you ever worked in a machine shop or similar environment where you may have been subjected to **metal slivers**? _____

The following items can interfere with MR Imaging and some can actually be hazardous to your health.

Please circle if you have any of the following

Cardiac pacemaker	Harrington Rod
Brain clips	Bone or Joint pins
Aortic clips	Prosthesis
Carotid clips	Metal Mesh
Neurostimulator (Tens-Unit)	Shrapnel
Heart valve	Wire sutures
Insulin pump	Dentures
Electrodes	Metal chips in the eyes
Hearing Aids	Cochlear implants
IUD	Shunts
Fractured bones treated with rods, screws	Pessary
Metal plates, nails	Joint replacements
Tattoo Eye Liner	Nicotine Patch

Please do not enter the scan room with the following items

Glasses	Coins
Removable Dental Work	Pocket Knife
Hearing Aid	Metal Zipper
Jewelry	Belt Buckle
Watch	Shoes
Wallet/Money Clip	Credit Card/Magnetic strip card
Pens/Pencils	Hair pins/barrettes
Safety Pins	Bra with under wire support

Patient's Signature _____