

LAST NAME: _____ FIRST NAME: _____

DOB: _____ SOCIAL SECURITY #: _____

Referring Physician: _____ Height: _____ Weight: _____

The following can interfere with a MRI study and some of them could be hazardous to your safety during a MRI scan.
Please answer each question:

	Yes	No	Comment
1. Pacemaker	___	___	_____
2. Previous Pacemaker Removed	___	___	_____
3. Heart Defibrillator	___	___	_____
4. Aneurysm Clip	___	___	_____
5. Brain Surgery	___	___	_____

6. Please list any and all Surgeries:

7. Have you ever had metal or fragments removed from your eyes?	___	___	_____
8. Any electrical implants or pumps including pain control devices?	___	___	_____
9. Cochlear (ear) implant or hearing aid?	___	___	_____
10. Any transdermal/medication patches?	___	___	_____
11. Dentures or braces?	___	___	_____
12. Artificial eye?	___	___	_____
13. War injury or gunshot wound?	___	___	_____
14. Any tattoos, including cosmetic?	___	___	_____
15. Claustrophobic?	___	___	_____
16. Possibly pregnant?	___	___	_____

PATIENT'S SIGNATURE _____ DATE _____

PARENT/GUARDIAN _____ DATE _____

INTERPRETER SIGNATURE: _____ DATE _____

MDC Technologist Initials _____