

# MDC MRI Safety Form

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

REFERRING DOCTOR: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT \_\_\_\_\_

The following items can interfere with an MRI study and some of them may be hazardous to your safety during an MRI scan.  
Please answer **each** question.

	<u>Yes</u>	<u>No</u>	<u>Comment</u>
1. <b>Pacemaker</b>	_____	_____	_____
2. <b>Previous pacemaker removed</b>	_____	_____	_____
3. <b>Heart defibrillator</b>	_____	_____	_____
4. <b>Aneurysm Clip</b>	_____	_____	_____
5. Heart Surgery	_____	_____	_____
6. Brain Surgery	_____	_____	_____
7. Colonoscopy or Endoscopy Within the last 14 days?	_____	_____	_____
8. Please list any and all <b>surgeries</b> : _____			

	<u>Yes</u>	<u>No</u>	<u>Comment</u>
9. Have you <b>ever</b> had metal or fragments removed from your eye?	_____	_____	_____
10. Any electrical implants or pumps including pain control devices/insulin pump	_____	_____	_____
11. Cochlear implant/ear surgery or hearing aid?	_____	_____	_____
12. Any transdermal / medication patches?	_____	_____	_____
13. Dentures or braces?	_____	_____	_____
14. Artificial eye?	_____	_____	_____
15. War injury or gun shot wound?	_____	_____	_____
16. Any tattoos, including cosmetic? _____	_____	_____	_____
17. Claustrophobic? _____	_____	_____	_____
18. Possible pregnancy? _____	_____	_____	_____

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PATIENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

INTERPRETER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MDC Technologist Initials \_\_\_\_\_