

# Imaging

## MRI Outpatient Questionnaire/Metal Checklist



**WARNING:** Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (*i.e. MRI, MR angiography, functional MRI, MR spectroscopy.*) **Do not enter** the MR system room or MR environment if you have any question or concern regarding an implant, device or object. Consult the MRI technologist or radiologist **BEFORE** entering the MR system room. **The MR system magnet is ALWAYS on.**

**\*\* IF ONE OF THESE IMPLANTS IS PRESENT, SIGNIFICANT INJURY OR DEATH MAY OCCUR \*\***

Please indicate if you have any of the following:	YES	NO
Aneurysm Clips?	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Pacemaker, Implanted Cardiac Defibrillator (ICD), or Loop Recorder?	<input type="checkbox"/>	<input type="checkbox"/>
Electronic or Magnetically Activated Implant or Devices?	<input type="checkbox"/>	<input type="checkbox"/>
Neurostimulation or Spinal Cord Stimulation System?	<input type="checkbox"/>	<input type="checkbox"/>
Ear Surgery, Cochlear Implant, Stapes Implant, or Hearing Aids?	<input type="checkbox"/>	<input type="checkbox"/>
Any Other External Prosthesis or Implant (e.g. Penile)?	<input type="checkbox"/>	<input type="checkbox"/>
Tissue Expander (e.g. Breast)?	<input type="checkbox"/>	<input type="checkbox"/>
Tattoos, Permanent Make-up, Piercings, or Medication Patches?	<input type="checkbox"/>	<input type="checkbox"/>
Insulin Pump or Implanted Medication Pump?	<input type="checkbox"/>	<input type="checkbox"/>
Heart Valve Prosthesis?	<input type="checkbox"/>	<input type="checkbox"/>
Eye Surgery, Implant, Eyelid Spring or Eye Prosthesis?	<input type="checkbox"/>	<input type="checkbox"/>
Implanted Spinal or Intraventricular Shunt or Shunt Valve?	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Access Port, Catheter, or PICC Line?	<input type="checkbox"/>	<input type="checkbox"/>
Implanted Stent, Filter, or Coil?	<input type="checkbox"/>	<input type="checkbox"/>
Any Metallic Fragment, BB, Bullets, or Foreign Body?	<input type="checkbox"/>	<input type="checkbox"/>
Wire Mesh Implant, Internal Electrodes or Wires?	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Staples, Clips, or Metallic Sutures?	<input type="checkbox"/>	<input type="checkbox"/>
Bone/Joint Pin, Screw, Plate, Nail, or Prosthesis?	<input type="checkbox"/>	<input type="checkbox"/>
Dentures or Partial Plates?	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Patient Weight

### IMPORTANT INSTRUCTIONS

Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clippers, tools, clothing with metal fasteners, and clothing with metallic threads.

Please consult the MRI Technologist if you have any questions or concerns **BEFORE** you enter the MR system room.

**NOTE: You may be advised or required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise.**

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Signature of Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

Form Completed By:  Patient  Relative  Nurse

Source of Information:  Patient  Relative  Chart \_\_\_\_\_  
Print Name Relationship to Patient

Form Information Reviewed: \_\_\_\_\_  
Print Name Signature

MRI Technologist  Nurse  Radiologist  Other \_\_\_\_\_

# Imaging

## MRI Patient Information



Your doctor has requested that you undergo an MRI examination. MRI has proven to be a very safe and effective way to diagnose a variety of medical conditions. You will be asked to complete a questionnaire regarding prior surgeries you may have had or any medical devices that may be implanted in your body. Most surgical implants can be scanned with no ill effect to you. We ask about a variety of implants because some may interfere with the quality of images we obtain, some may require that special conditions be followed to safely perform an MRI exam, and some may not be compatible with an MRI exam. Your MRI Technologist will review this questionnaire with you and answer any questions you may have.

Your exam may require a contrast injection to better interpret your images. The active element in MRI contrast is Gadolinium. If you have known kidney disease, please inform your technologist. Nephrogenic systemic fibrosis (NSF), a rare condition, can arise in patients that have compromised renal function and that receive gadolinium contrast.

Gadolinium can be retained for months or years in several organs. The duration of retention varies by tissue. Clinical consequences of gadolinium retention have not been established.

If the contrast agent is extravasated (injected outside a vein) it can cause moderate irritation to the tissues around the vein. The technologist performing your test will be happy to answer any question you may have regarding this or any other part of your exam.

**Our desire is to make your experience as safe and comfortable as we possibly can. At any time in the process, feel free to ask questions and point out anything that concerns you.**

**I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND HAVE HAD MY QUESTIONS ANSWERED TO MY SATISFACTION.**

**If you have any questions, please ask the technologist or radiologist.  
If you wish to speak to the radiologist (physician specializing in Imaging) before proceeding with your test, please notify the technologist.**

Signature

Date

Print Name