



MRI SAFETY SCREENING SHEET

Name: _____

Age: _____

Weight: _____

Do Not Enter Scan Room With These Or Any Magnetic Items:

**Glasses-Removable Dental Work-Watch Or Jewelry
Wallet-Credit Cards Or Metro Cards -Money Clips
Pens- Pencils-Keys-Pocket Knife-Hair Pins-Barrettes
Under Wire Supports-Safety Pins**

The Following Items May Interfere With MRI Imaging And Some Could Be Hazardous To Your Safety. Please Check Yes Or No To The Questions Below.

Cardiac Stimulator Or Pacemaker?	Yes___	No___
Brain Surgery Or Aneurysm Clips?	Yes___	No___
Carotid Artery Vascular Clamp?	Yes___	No___
Neuro Or Spinal Stimulator?	Yes___	No___
Artificial Heart Valve?	Yes___	No___
Insulin Or Drug Pump?	Yes___	No___
Cochlear (Ear) Implant?	Yes___	No___
Penile Implant?	Yes___	No___
Shrapnel Or Bullets?	Yes___	No___
Eye Injury Or Surgery?	Yes___	No___
Removable Dentures?	Yes___	No___
Any Kind Of Metallic Implant Or Fragment	Yes___	No___
Machinist Or Metal Worker?	Yes___	No___
Recent Tatoo?	Yes___	No___
Defibrillator?	Yes___	No___
Could You Be Pregnant?	Yes___	No___
Are You A Nursing Mother?	Yes___	No___
Contraceptive Diaphragm?	Yes___	No___

Patient's Signature: _____ Date_____