

Patient Name:	DOB:

## Important Instructions:

Before entering the MRI room, you must remove all metallic objects including cell phones, jewelry, eyeglasses, hair pins, barrettes, watch, credit cards, bank cards, magnetic strip cards, pens, pocket knives etc.

## Please indicate if you have any of the following:

Yes No Heart pacemaker or Defibrillator

Yes No Brain Aneurysm Clips/Brain surgery

Yes No Neurostimulator

Yes No Heart surgery/Heart Valve

Yes No Shunts/Stents/Filters/Coils

Yes No Eye Surgery/Implants/Retinal tack

Yes No Ear Surgery/ Ear Implants

Yes No Vascular Access/ Port Catheter

Yes No Orthopedic Pins/Rods/Screws

Yes No Implanted Drug Pump

Yes No Medication Patch

Yes No IUD or Diaphragm

Yes No History of Grinding/Welding Metal

Yes No Bullets/Shrapnel/BB

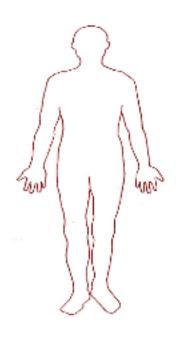
Yes No Tattoos/Permanent Makeup

Yes No Body Piercings

Yes No Dentures/Partials/Dental Implants

Yes No Hearing Aids

## Please mark figure below location of metal in your body:



## MRI Contrast Consent: (if required):

Your physician had determined that an MRI study with gadolinium is needed to help diagnose your medical condition. Gadolinium is given by injection into a vein and aids in distinguishing normal from abnormal tissues.

On very few occasions, a patient may experience an allergic reaction to gadolinium. The most common of the reactions include pain at the injection site, nausea, headache, dizziness, itching, rash, hives or temporary breathing difficulty.

Your signature indicates that all the information above is accurate, you have read and understand the above information and that you consent to the procedure(s):

Patient/Guardian Signature:	Date:
Technologist Notes:	
Technologist Signature	

