



CHESAPEAKE MEDICAL IMAGING

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 _____



CHESAPEAKE MEDICAL IMAGING