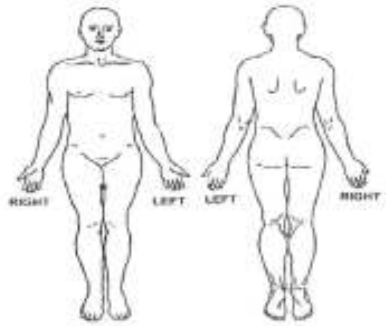
MAGNETIC RESONANCE (MR) PROCEDURE SCREENING FORM FOR PATIENTS

WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, MR spectroscopy). Do not enter the MR system room or MR environment if you have any questions 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.

Please indicate if you have any of the following:

☐ Yes	☐ No	Aneurysm clip(s) or coils
☐ Yes	☐ No	Cardiac pacemaker or pacing wires
☐ Yes	☐ No	Implanted cardioverter defibrillator (ICD)
☐ Yes	☐ No	Heart Surgery and/or sternal wires
☐ Yes	☐ No	Electronic or magnetically-activated implant or device
☐ Yes	☐ No	Neurostimulator or spinal cord stimulator
☐ Yes	☐ No	Head or brain surgery
☐ Yes	☐ No	Internal electrodes or wires
☐ Yes	☐ No	Bone growth / bone fusion stimulator
☐ Yes	☐ No	Cochlear, otologic, or other ear implant
☐ Yes	☐ No	Insulin or other implanted drug infusing device
☐ Yes	☐ No	Harrington rods
☐ Yes	☐ No	Any type of prosthesis (eye, penile, etc.)
☐ Yes	☐ No	Heart valve prosthesis, loop recorder
☐ Yes	☐ No	Eyelid spring or wire, TriggerFish contacts
☐ Yes	☐ No	Artificial or prosthetic limb
☐ Yes	☐ No	Vascular stent, filter, or coil
☐ Yes	☐ No	Shunt (spinal or intraventricular)
☐ Yes	☐ No	Vascular access port and/or catheter
☐ Yes	☐ No	Radiation seeds or implants
☐ Yes	☐ No	Swan-Ganz or thermodilution catheter
☐ Yes	☐ No	Medication patch or silver wound dressing
☐ Yes	☐ No	Any metallic fragment or foreign body
☐ Yes	☐ No	Splints and/or Braces
☐ Yes	☐ No	Wire mesh implant
☐ Yes	☐ No	Tissue expander (e.g., breast)
☐ Yes	☐ No	Surgical staples, clips, or metallic sutures
☐ Yes	☐ No	Joint replacement (hip, knee, etc.)
☐ Yes	☐ No	Bone / joint pin, screw, nail, wire, plate, etc.
☐ Yes	☐ No	IUD, diaphragm, or pessary
☐ Yes	☐ No	Dentures or partial plates
☐ Yes	☐ No	Tattoo or permanent makeup, magnetic eyelashes
☐ Yes	☐ No	Body piercing jewelry *(must be removed)*
☐ Yes	☐ No	Hearing aid *(must be removed)*
☐ Yes	☐ No	Other implant or device _____
☐ Yes	☐ No	Endoscopy capsule or clip
☐ Yes	☐ No	Ventilator
☐ Yes	☐ No	OSA Diagnosis or High Risk OSA
☐ Yes	☐ No	Continuous glucose monitoring device *(must be removed)*

Please mark on the figure(s) below the location of any implant or metal inside of or on your body.



IMPORTANT INSTRUCTIONS

Before entering the MR environment or MR system room, you must remove <u>all</u> 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 clipper, tools, clothing with metal fasteners, & clothing with metallic threads.

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

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

For Technologist Use

☐ Yes ☐ No Full stop and final check completed

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 ☐ POA _____
Print name Relationship to patient

RN or Pre-screening signature: _____ Date: _____

MRI Technologist signature: _____ Date: _____

Technologist remarks: _____

Patient Label

Please fax completed forms to:
Lynchburg General Hospital (434) 200-2696
Southside Community Hospital (434) 315-2768
Bedford Memorial Hospital (540) 586-0317
Gretna Medical Center (434) 200-4541