

PLEASE FILL OUT THE FORM BELOW. THIS WILL ENABLE US TO DO A SAFE AND ACCURATE EXAMINATION.

THE FOLLOWING ITEMS CAN INTERFERE WITH MR IMAGING AND SOME CAN ACTUALLY BE HAZARDOUS TO YOUR SAFETY. PLEASE CHECK IF YOU HAVE ANY OF THE FOLLOWING:

YES NO

___ ___ CARDIAC PACEMAKER

___ ___ BRAIN ANEURYSM CLIPS

___ ___ AORTIC CLIPS

___ ___ HEART VALVE

___ ___ IMPLANTED NEURO STIMULATOR

___ ___ HEARING AIDES

___ ___ SHUNTS

___ ___ METAL RODS, PLATES OR PINS

___ ___ PROSTHESIS

___ ___ WIRE SUTURES

___ ___ SHRAPNEL

___ ___ COCHLEAR IMPLANTS

___ ___ METAL SLIVERS IN THE EYE

___ ___ DENTURES

HAVE YOU EVER WORKED IN A MACHINE SHOP OR ANY PLACE WHERE YOU MAY HAVE BEEN EXPOSED TO SMALL METAL SLIVERS, ESPECIALLY IN THE EYES?

YES _____ NO _____

ANY PREVIOUS MRI EXAM?
IF SO, WHERE _____

DATE AND TYPE OF EXAMS:

1. _____

2. _____

3. _____

ANY RECENT X-RAYS?

1. _____

2. _____

3. _____

YOUR HEIGHT _____ WEIGHT _____

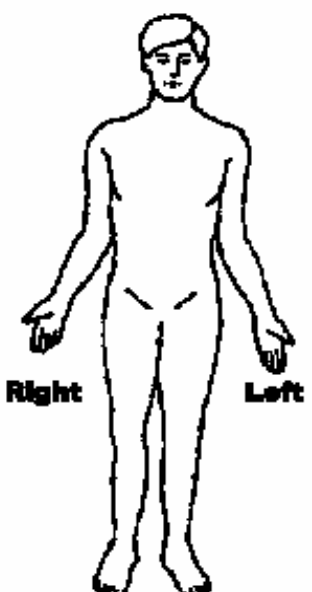
ARE YOU CLAUSTROPHOBIC OR HAVE DIFFICULTY BEING IN CONFINED SPACES?

YES _____ NO _____

Office Use Only

EXAM NOT COMPLETED:

CANCELLED _____ RESCHEDULED _____



PLEASE MARK ON THE FIGURE THE LOCATION OF ANY IMPLANT OR METAL INSIDE OR ON YOUR BODY.

DESCRIBE THE MEDICAL PROBLEM AND SYMPTOMS WHICH BROUGHT YOU HERE TODAY:

HOW LONG HAVE YOU HAD THESE SYMPTOMS?

BEFORE YOUR MRI, PLEASE REMOVE ALL METALLIC OBJECTS INCLUDING KEYS, HAIR PINS, BARRETTES, JEWELRY, WATCH, SAFETY PINS, PAPERCLIPS, MONEY CLIPS, CREDIT CARDS, COINS, PENS, BELT, POCKET KNIFE, AND CLOTHING WITH ANY METAL MATERIAL.

BY SIGNING BELOW, YOU INDICATE THAT YOU HAVE ANSWERED ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE, READ AND UNDERSTAND THIS CONSENT FORM AND AGREE TO BE IMAGED.

SIGNATURE

DATE _____ WITNESS _____