



Name: _____

Age : _____ Weight: _____ Height: _____

Referring Physician: _____

Are you pregnant? _____ How many months? _____ Are you nursing? _____

DO YOU HAVE KIDNEY DISEASE? YES NO

IF YOU HAVE A PACEMAKER OR ANEURYSM CLIPS, PLEASE TELL THE RECEPTIONIST OR TECHNOLOGIST BECAUSE YOU CAN NOT HAVE AN M.R.I

The following items may interfere with the M.R.I Imaging and some could be hazardous to your safety.
Please CIRCLE YES or NO for the following:

Yes No Cardiac Pacemaker	Yes No Internal Defibrillator
Yes No Aneurysm Clips	Yes No Fractures treated with metal rods, plates, screws
Yes No Cochlear implant	Yes No Harrington Rods
Yes No Brain Surgery Clips	Yes No Prosthesis
Yes No Aortic Clips	Yes No Wire Sutures
Yes No Carotid Clips	Yes No Neurostimulators
Yes No IUD	Yes No Shrapnel/Bullet
Yes No Heart Valve	Yes No Removable Dentures
Yes No Insulin Pump	Yes No Any metal fragments
Yes No Hearing Aid	Yes No Joint Replacement
Yes No Stent	Yes No Other metal implants, etc
Yes No Shunt	Explain: _____
Yes No Permanent Makeup	

Have you worked grinding metal or welding? _____

Do you have any known drug allergies? _____

IT IS IMPORTANT THAT YOU REMOVE ANY OF THE FOLLOWING ITEMS BEFORE HAVING YOUR M.R.I:

Glasses	Credit Cards	Removable Dental Work	Hearing Aid
Watch	Wallet/Money	Pens/Pencils	Keys
Hairpins/Barrettes/Wigs		Safety Pins	Earrings
Under wire bra		Pocket Knife	Jewelry

Signature: _____ Date: _____

B/P: _____