

RADIOLOGY ASSOCIATES

Non-Patient MRI Screening Form

Please answer all of the following questions as accurately as possible for your safety. If you have any questions, please ask the technologist before the exam begins.

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|--|-----|----|
| Do you have a cardiac pacemaker or internal defibrillator? | Yes | No |
| Have you had brain or heart surgery? | Yes | No |
| Do you wear a hearing aid? | Yes | No |
| Have you had eye or ear surgery? | Yes | No |
| Do you have any implanted devices
(Bone stimulator, insulin pump, etc)? | Yes | No |
| Do you have shrapnel or other metal in your body? | Yes | No |
| Have you ever had a piece of metal embedded in your eye? | Yes | No |
| Is there any possibility that you may be pregnant? | Yes | No |

The following will have to be removed prior to entering the exam room.

ATM/Credit/Bank Cards, Beepers, Cell Phones, Coins, Hearing Aids, Keys, Purses, Pocket Knives, Wallets, Watches, or any other metal objects.

I have answered all of the questions and have informed the technologist that I do not have a pacemaker or metallic clips in my body or any metallic foreign body in my eyes.

Non Patient Signature: _____ Date: _____

Please Print Name: _____ Technologist Initials: _____

Patient Name: _____

(Non-patient MRI screening form 10/21/08)

