

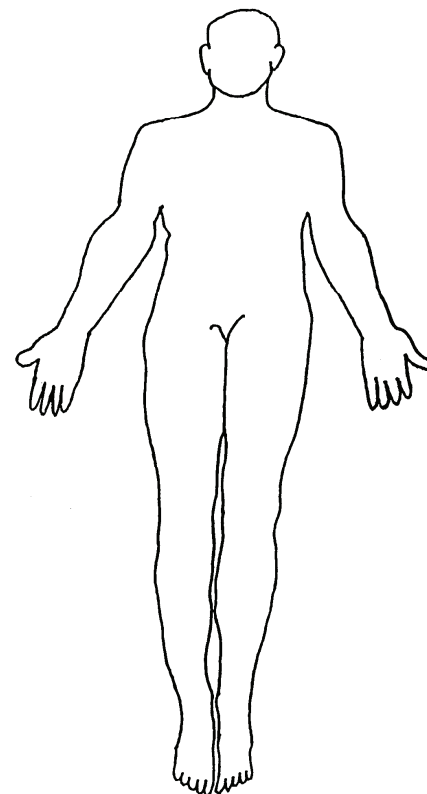
**TALLAHASSEE DIAGNOSTIC IMAGING
MRI SCREENING FORM**

PATIENT NAME: _____ **DATE:** _____

Some of the following items may be hazardous to your safety and some can interfere with the MRI examination. Please check the correct answer for each of the following.

- | | | |
|-----|----|--|
| Yes | No | Cardiac pacemaker or internal pacing wires |
| Yes | No | Implanted cardiac defibrillator or internal pacing wires |
| Yes | No | Aneurysm clip(s) or coils |
| Yes | No | Neuro-stimulator |
| Yes | No | Implanted drug infusion device (insulin or infusion pump) |
| Yes | No | Bone growth/fusion stimulator |
| Yes | No | Cochlear, otologic, or ear implant |
| Yes | No | Any type of prosthesis (eye, penile, etc.) |
| Yes | No | Heart valve prosthesis |
| Yes | No | Breast Tissue Expander(s) |
| Yes | No | Electrodes (on body, head, or brain) |
| Yes | No | Intravascular stents, filters, or coils |
| Yes | No | Shunt (spinal or intra-ventricular) |
| Yes | No | Vascular access port (Infusaport) |
| Yes | No | Any implant held in place by a magnet |
| Yes | No | Transdermal delivery system (Nitro or pain medicine patch) |
| Yes | No | Retinal Buckle for Retinal Detachment |
| Yes | No | Body piercing(s) |
| Yes | No | Any metal fragments (shrapnel, bullet, foreign body, etc.) |
| Yes | No | Aortic clip |
| Yes | No | Wire sutures or surgical staples |
| Yes | No | Harrington rods (spine) for Scoliosis Correction Surgery |
| Yes | No | Metal rods in bones |
| Yes | No | Joint replacement _____ |
| Yes | No | Bone/joint pin, screw, nail, wire, plate |
| Yes | No | Hearing aid (Remove before MRI) |
| Yes | No | Dentures (Remove before MRI) |
| Yes | No | Claustrophobia |
| Yes | No | Anxiety |

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



Before your MRI, please remove all metallic objects including keys, hair pins, barrettes, jewelry, watch, safety pins, paperclips, money clip, credit cards, coins, pens, belt, metal buttons, pocket knife, & clothing with metal in the material.

Reviewed by: TDI Staff

Front Desk Staff Initials: _____

Medical Assistant Initials: _____

MR Technologist Initials: _____

**NOTE: YOU ARE REQUIRED TO WEAR EARPLUGS DURING THE MRI EXAMINATION.
(Please continue to the other side of this form.)**

For All Patients:

- | | | |
|--|----|-----|
| 1. Do you have drug allergies?
If yes, please list: _____ | No | Yes |
| 2. Have you ever worked with metal (grinding, fabrication, etc.) or have ever had an injury to the eye involving
A metallic object (e.g., metallic slivers, shavings or metallic foreign body)? | No | Yes |
| 3. If you answered YES, was the metallic object removed by a physician? | No | Yes |
| 4. If you answered YES, were you told by the physician that he/she removed all of the metal? | No | Yes |

For Female Patients:

- | | | |
|---|----|-----|
| 1. Are you or could you be pregnant or experiencing a late menstrual period?
Date of last menstrual period: ____ / ____ / ____ | No | Yes |
| 2. Are you Breastfeeding? | No | Yes |

Signature of Person Completing Form

Date: ____ / ____ / ____

Form completed by: Patient Other: _____

TDI Employee Signature Reviewing MRI Safety Form

Date: ____ / ____ / ____

Thank you for choosing Tallahassee Diagnostic Imaging for your MRI.