

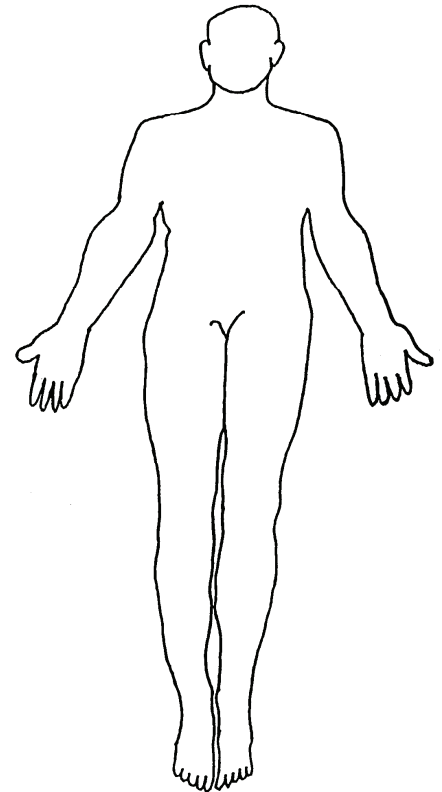
**TALLAHASSEE DIAGNOSTIC IMAGING
MRI SCREENING FORM**

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? No Yes
If yes, please list: _____
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? No Yes
Date of last menstrual period: ____ / ____ / ____
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.