Safety Screening

Patient safety is our primary concern. The MRI room contains a very strong magnet. Before you are allowed to enter, we must know if you have any metal in/on your body. Please answer the following questions carefully.

Have you ever been a machinist, welder, or metal worker? ----------	No ☐	Yes ☐
Have you ever had a piece of metal removed from your face or eye?	No ☐	Yes ☐
Are you pregnant, possibly pregnant, or breast feeding? ----------	No ☐	Yes ☐

Date of last menstrual period: _____

Do you have any of the below items in/on your body?

Pacemaker, wires, artificial heart valve, or defibrillator? ----------	No ☐	Yes ☐
Brain aneurysm clips? ----------	No ☐	Yes ☐
Ear implant or hearing aids? ----------	No ☐	Yes ☐
Eye implant? ----------	No ☐	Yes ☐
Shunt or electrical stimulator for nerves or bone? ----------	No ☐	Yes ☐
Infusion pump? ----------	No ☐	Yes ☐
Stents, coil filter, or wire in blood vessels? ----------	No ☐	Yes ☐
Implanted catheter or tube? ----------	No ☐	Yes ☐
Orthopedic/Surgical hardware; plates, screws, pins, rods, wires? -----	No ☐	Yes ☐
Artificial limb or joint? ----------	No ☐	Yes ☐
Penile prosthesis? ----------	No ☐	Yes ☐
Magnetic implant anywhere? ----------	No ☐	Yes ☐
Diaphragm or intrauterine device? ----------	No ☐	Yes ☐
False teeth, retainers, or magnetic braces? ----------	No ☐	Yes ☐
Permanent make-up or body piercings? ----------	No ☐	Yes ☐
Metal shrapnel, fragments, bullets, pellets, BBs? ----------	No ☐	Yes ☐
Medicinal patch; birth control, nicotine, pain, etc.? ----------	No ☐	Yes ☐

_____
Supervising Technologist

Describe pain/problem and mark area on body: _____

_____

_____

How did your pain/problem start? _____

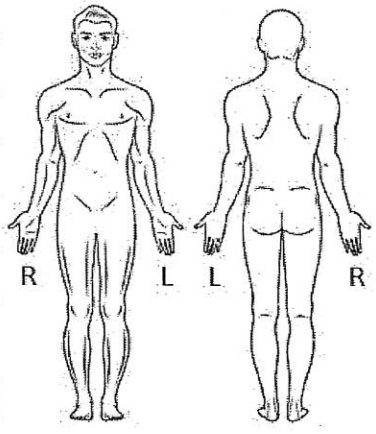
_____

When did your pain/problem start? _____

Approximate Weight (lbs.) _____

Any previous surgery on or around the area we are imaging? ---------- No ☐ Yes ☐

If yes, type of procedure: _____



I attest that the answers I have provided on this form are correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information of this form.

Signature: _____ Date: _____

GREATER MISSOURI imaging