

Next Generation Imaging, LLC

MRI PATIENT SCREENING

NAME: _____ DATE: _____ WEIGHT: _____ DOB: _____

Your doctor has scheduled you for a Magnetic Resonance Imaging (MRI) scan. The machine utilizes a magnetic field and radio frequency waves to obtain images. There are no known biological hazards. Because of the presence of a magnetic field, the following items should not be taken into the MRI room: **Watches, Coins, Keys, Knives, Dentures, Hair Pins, Hearing aid, Wallet, Body Piercing, Jewelry, Belt, Phones, Beepers or any other loose metal, or electronic objects.**

Do you currently have or have you ever had any of the following: Yes No Description

Do you currently have or have you ever had any of the following:	Yes	No	Description
A cardiac pacemaker or implanted cardioverter defibrillator (ICD)?			
Aneurysm clip(s)?			
Heart valve prosthesis, shunt (spinal or intraventricular), metallic stent, filter, coil or wire mesh implant?			
Cochlear, otologic, or other ear implant?			
T.E.N.N.S unit, spinal cord stimulator, neurostimulation system, or bone growth/bone fusion stimulator?			
Any metal in your body such as joint replacements, bone/joint pin, screw, nail, wire, plate, etc.?			
Any insulin or other infusion pumps or implanted drug infusion device?			
Have you ever had an eye implant or metal in or removed from your eyes?			
Tissue expander (breast)?			
Any surgeries in the past six weeks?			
Do you have any tattoos or tattooed eyeliner?			
IUD (intra-uterine device)?			
Medication patches (Nicotine, nitroglycerine)?			
Is there a chance of pregnancy?			
Are you claustrophobic?			
Do you have any history of cancer?			
Have you ever had any surgery on the area to be scanned?			
Do you have a history of fracture/dislocation of the area to be Scanned?			

Please list any allergies to drugs, latex, or adhesive: _____

*****Please give a brief description of your symptoms related to the area to be scanned:**

I have read the above information and answered the preceding questions to the best of my knowledge. I hereby give consent to have an MRI scan.

Patient's Signature

MRI Tech Signature

Date