

Orlin & Cohen Medical Specialists Group

Magnetic Resonance Imaging (MRI) & Computed Tomography (CT)

() Lynbrook () Merrick () Garden City () Woodbury () Bohemia () Smithtown () Kew Gardens

MRI COMPANION QUESTIONNAIRE

The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment if they have certain metallic, electronic, magnetic or mechanical implants, devices or objects on their person. Therefore, all individuals are required to fill out this screening form before entering the MR environment.

Name: _____

Phone Number: _____

Patient's Name: _____

Relationship: _____

Please indicate if you have any of the following:

- Yes No Cardiac Pacemaker/Implantable Defibrillator
- Yes No Cardiac Valve Prosthesis
- Yes No Brain Aneurysm Clips
- Yes No Cochlear (Ear) Implant or Implanted Hearing Aid
- Yes No Artificial or Prosthetic Limb
- Yes No Any Other Type of Prosthesis or Implant – Specify _____
- Yes No Removable Hearing Aid
- Yes No Metallic Foreign Bodies in the Eye or Elsewhere in Body
Specify _____
- Yes No Are you pregnant?

Please remove all metallic objects before entering the MR environment including hearing aids, beepers, cell phones, keys, eyeglasses, hair pins, barrettes, jewelry, watches, credit cards, bank cards, magnetic strip cards, pens/pencils, pocket knives.

Please consult the MRI Technologist if you have any questions or concerns BEFORE you enter the MR room.

I attest that the above information is correct to the best of my knowledge.

Signature of person completing form: _____ Date: ____/____/____

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