Orlin & Cohen Medical Specialists Group

MRI SAFETY SCREENING FORM

THIS MAGNET IS ALWAYS ON

WARNING: Certain implants, devices or objects may be hazardous to you in the MRI room. DO NOT ENTER the MRI room if you have any questions or concerns regarding an implant, device or object.

Patient Name: ______________________________, ______________________________
Last Name First Name

Body part being scanned today: ______________________ ❑ Left ❑ Right ❑ NA

Insurance ______________________ Weight __________ Height ______ft. ______in. DOB: ______________

IF YOU HAVE ANY OF THE 4 IMPLANTS LISTED BELOW YOU CANNOT HAVE YOUR MRI DONE AT ORLIN & COHEN

Do you have?	Yes	No	Do you have?	Yes	No
Cardiac pacemaker, pacing wires	☐	☐	Breast or other tissue expander	☐	☐
Implanted cardioverter defibrillator (ICD)	☐	☐	Programmable neurosurgical shunt	☐	☐

Certain clothing materials may cause burns, therefore you may be asked to change into appropriate patient gown.
***Please provide us with any documentation regarding all devices (e.g. Implant cards).**

Please complete this form accurately and carefully	(Check Yes/No below)	
Do you have any metal or objects that possibly contain metal in your body?*	Yes ☐	No ☐
Have you had an injury to the eye resulting in a retained metal object or fragment?	Yes ☐	No ☐

Do you have?	Yes	No	Do you have?	Yes	No
Brain Aneurysm clip	☐	☐	Non cardiac prosthesis of any kind (eye, penile, etc.)	☐	☐
Cochlear, otologic, or other ear implant	☐	☐	Aneurysm clip - aortic, abdominal	☐	☐
Neuro-stimulator, bio-stimulator	☐	☐	IUD	☐	☐
Internal electrodes or wires	☐	☐	Loop recorder	☐	☐
Injury with retained metallic BB, bullet, shrapnel	☐	☐	Bone growth / bone fusion stimulator	☐	☐
Implanted drug infusion device	☐	☐	Artificial heart valve	☐	☐

If you answered "yes" to any of the above, please notify the staff immediately.

Do you have?	Yes	No	Do you have?	Yes	No
Hearing aid /dentures or retainer	☐	☐	Hair weave (wig)	☐	☐
Colored contact lenses or jewelry	☐	☐	Insulin pump or glucose monitoring device	☐	☐
Body piercing or magnetic eyelashes	☐	☐	Artificial or prosthetic limb	☐	☐
Nicotine or medication patch (insulin, pain, glucose)	☐	☐	TENS Unit (Transcutaneous Electrical Nerve Stimulation)	☐	☐
Metal infused clothes/mask, silver dressing	☐	☐	Swan-Ganz catheter or feeding tube with mercury tip	☐	☐

The above will likely need to be removed before entering the MRI room. The MRI technologist will direct you.

Do you have?	Yes	No	Do you have?	Yes	No
Tattoos, permanent makeup or eyeliner	☐	☐	Stent, filter, coil, IVC Filter	☐	☐
Braces, dental implants	☐	☐	Spinal fixation device / Harrington Rods	☐	☐
Pessary	☐	☐	Permanent Holter monitor	☐	☐
Bone/joint pin, screw, nail, wire, plate	☐	☐	Radiation seeds or implants	☐	☐
Surgical staples, clips	☐	☐	Non-programmable neurosurgical shunt	☐	☐

Female patients: Is there any possibility that you may be pregnant? ❑ YES ❑ NO

List Past Surgeries

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I attest that the above information is correct to the best of my knowledge. I have read and understand the entire content of this form and have had the opportunity to ask questions regarding the information on this form.

______________________ ______________________ ______________
Patient Signature Print Name Date

______________________ ______________________ ACCOUNT # ______________
Relative/Guardian Relationship to Patient

Date___/___/___ **Scan** ______________ **DR/Location** ______________ **Patient's Initials** __________

Date___/___/___ **Scan** ______________ **DR/Location** ______________ **Patient's Initials** __________

Office Use Only

If face mask is required, MR-safe face mask was provided to individual: ❑ Yes

Tech reviewed info: ______________
Radiologist reading: ______________
Tech initials: ______________

Individual was scanned with a ferromagnetic detector: ❑ Yes Tech initials: __________