32615 US Hwy 19 N Suite #4 Palm Harbor FL 34684

MRI Safety Questionnaire and Instructions for MRI/MRV/MRCP & MR Arthrogram

Please provide a "yes" or "no" answer for every item.

☐ Yes	☐ No	Cardiac pacemaker/defibrillator/ICD	☐ Yes	☐ No	Aneurysm clip(s)/metal stent
☐ Yes	☐ No	Internal electrodes or wire	☐ Yes	☐ No	Bone growth stimulator, DBS, VNS
☐ Yes	☐ No	Magnetic implant or IVC Filter	☐ Yes	☐ No	External drug pump
☐ Yes	☐ No	Spinal fusion and/or halo vest	☐ Yes	☐ No	Any chance you are pregnant
☐ Yes	☐ No	Ear implant, middle ear implant	☐ Yes	☐ No	Medication patch
☐ Yes	☐ No	Implanted drug pump/insulin pump	☐ Yes	☐ No	Wigs, hair implants
☐ Yes	☐ No	Tissue expander (breast)	☐ Yes	☐ No	Hearing Aid(s)
☐ Yes	☐ No	Eye injury from a metal object	☐ Yes	☐ No	Ankle monitor
☐ Yes	☐ No	Injured by metal (shrapnel,bullet)	☐ Yes	☐ No	Artificial eye and/or eyelid spring
☐ Yes	☐ No	Neurostimulator or Biostimulator	☐ Yes	☐ No	Shunt/Sophy pressure valve
☐ Yes	☐ No	Spinal fixation device or stimulator	☐ Yes	☐ No	Any metal inside or outside of body

Instructions for the Patient, Parent, Guardian:

1. Remove all jewelry and all body piercing jewelry and all hair accessories.
2. Remove all dentures, partial dental plates, retainers (for brain, head or neck examinations).
3. Remove hearing aids and eyeglasses and bobbie pins.
4. Remove wallet and anything in your pockets.
5. Remove wigs (for brain, head or neck examinations).
6. Lock your clothes and valuables in the locker or room provided and remove the key.

I attest the above information is correct. I have read and understand the entire contents of this form.

Patient/Parent/Guardian/Other Signature: _____ **Date:** _____