

# Jefferson Imaging-Doylestown MRI

## Safety Questionnaire and Consent Form

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Do you have any of the following devices in/on your body:

- Cardiac/Heart Pacemaker/pacing wires or Implanted Cardioverter Defibrillator? Yes  No
- Electrical stimulator for nerves, brain or bone? Yes  No
- Implanted infusion or drug pump? Yes  No
- Shunt, neurostimulator or aneurysm clips? Yes  No
- Ocular (eye) or cochlear (ear) implant? Yes  No
- Coils, filters, shunts or stents? Yes  No
- Electrically, mechanically or electronically activated implants? Yes  No
- Dentures, dental plate or hearing aid? Yes  No
- Bullets, shrapnel or other pieces of metal in your body? Yes  No

### The following devices can affect the quality of MRI examinations but are unlikely to cause safety hazards.

We need to know if any of these items are present as it may influence the way we perform the examination.

- Dental work Yes  No
- Metal joints/joint replacement pins, plates, rods, screws, nails or clips Yes  No
- Clips for any surgery Yes  No
- Tattoos, permanent makeup, medicated skin patches, or body piercing Yes  No
- Artificial heart valve Yes  No
- Have you ever had surgery? Yes  No
- Please provide details (type of surgery, date, surgeon):

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- Have you ever had metal in your eyes or worked extensively with metal? Yes  No
- Do you have kidney or liver disease? Yes  No
- Are you claustrophobic? Yes  No

### For females of childbearing age:

- Is it possible that you may be pregnant? Yes  No
- Are you breastfeeding? Yes  No

Do NOT bring anything into the MRI room with you. You will be asked to change into a gown prior to your examination and your personal items will be locked. Some items brought into a magnetic field could result in harm to yourself or our staff, damage the equipment or they could be themselves damaged or destroyed. Before your scan, you must remove all metal objects in your possession or on your person, including watches, mobile phone, credit cards, coins, keys, body piercings, ear rings, hair clips, hair extensions, hearing aids, removable dentures, jewelry, eyeliner, caliper, corset or artificial limb.

**Please Note :** After completion of test, you will be given a disc containing the images from your MRI. This is yours to keep. There will be a \$25.00 charge for additional copies.

Patient Signature: \_\_\_\_\_