

**Everyone entering the exam room must complete the following safety screening. Certain items can interfere with or be hazardous to you during the study.**

- |   |     |    |
|---|-----|----|
| Do you have a cardiac pacemaker, pacer wire or implanted defibrillator?   | Yes | No |
| Other implanted devices (i.e., insulin pump, infusion pump, intrauterine device)?   | Yes | No |
| Do you have a middle ear implant (i.e., stapes prosthesis, cochlear implant)?   | Yes | No |
| Do you have any aneurysm clips in the head or neck?   | Yes | No |
| Do you have allergies to contrast agents?   | Yes | No |
| Have you had Renal Failure/Dialysis?  | Yes | No |
| If yes, have labs been drawn?   | Yes | No |
| Have you ever had metal particles in your eyes?   | Yes | No |
| If yes, have you had an MRI since then?   | Yes | No |
| <i>If not, x-rays must be taken before the MRI can be done to ensure there is no metal remaining.</i>                                 |     |    |
| Do you have artificial heart valves?  | Yes | No |
| Do you have any type of intravascular coil, filter or stent?<br>(i.e., IVC filter, Palmaz stent, umbrella filter, Swan-Ganz catheter) | Yes | No |
| Do you have any shrapnel or other metal in your body?<br>(including bone or joint pins, plates, screws)                               | Yes | No |
| Have you had surgery within the past 6 weeks?   | Yes | No |
| Have you ever had surgery on your lower back?   | Yes | No |
| Are you claustrophobic? (afraid or bothered by small spaces)  | Yes | No |
| Are you pregnant or a nursing mother?   | Yes | No |
| Do you have any body piercings (i.e., nose, lip, tongue, eyebrow, navel, nipple, earrings, etc.)? Tattooed eyeliner?                  | Yes | No |
| Do you have dentures or hearing aides?  | Yes | No |
| Are you wearing any medicated patches?  | Yes | No |

**If you answered yes to any of these questions, please offer an explanation.**

**WARNING:** Hearing aides must be removed before entering the procedure room. Please take off all loose jewelry (earrings, necklace, watch and bracelets). Depending on your scan, you may be asked to remove dentures or partial plates.

\_\_\_\_\_  
 Signature of Patient/Legal Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Technologist Signature

*This form available at: [www.SFopenUprightMRI.com](http://www.SFopenUprightMRI.com)*