pinnacle orthopaedics

7/2021

# MRI Screening Questionnaire

**WARNING: The MRI magnet is ALWAYS on.** Do not enter the MRI system room or MRI environment if you have a metal implant, device or object on or in your body. **Never enter the MRI room until you have consulted with the MRI Technologist**. Before entering the MRI room, you should remove all metallic objects including hearing aids, hair pins, barrettes, jewelry, body piercings, cell phones, beepers, watches, and all items from your pockets. You may be asked to put on a gown, and you are required to wear earplugs. **You will still need to wear a mask during MRI.**

**Patient Name: _____Date of Birth:_____ Weight:_____**

The following items may interfere with MRI Imaging. Do you have any of the following?
Please **CIRCLE** "**Y**" (for **YES**) or "**N**" (for **NO**) on EACH individual question.

Y / N Cardiac pacemaker/Defibrillator
Y / N Drug pump, Insulin or Infusion pump
Y / N Internal electrodes or wires
Y / N Stents, Filters, Coils, Artificial heart valve
Y / N Glucose monitor
Y / N Brain clips/ Aneurysm clips/ Aortic clips
Y / N Surgical Staples, Clips, Metal sutures
Y / N Bone/Joint plates, screws, pins, staples, nails, rods
Y / N Implanted stimulator
Y / N Prosthesis/ Joint replacement
Y / N Cochlear/Stapes implant in ear
Y / N Hearing aid (must remove for scan)
Y / N Metal fragments or foreign body
Y / N Tissue Expander (e.g. Breast)
Y / N Motion disorders (e.g., Involuntary Shaking, Moving)
Y / N Claustrophobic
Y / N Any type of electronic, mechanical, or magnetic implant
If yes, please specify type of implant: _____
Y / N Ever had metal in your eyes?
**If YES to metal in eyes**, was it completely removed by a doctor (MD)? Y/N

Y / N Wire mesh implant
Y / N Shunt (spinal or ventricular)
Y / N Port and/or catheter
Y / N IUD (Effectiveness could be compromised)
Y / N Are you pregnant?
Y / N Prosthesis (eye, penile, etc)
Y / N Tattoo and/or Permanent makeup
Y / N Non-removable body piercing/ jewelry
Y / N Dentures or partial plate
Y / N Dental Implants
Y / N Shrapnel, BB, or bullets
Y / N Medication patch
Y / N Personal history of cancer
Other Implant_____

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

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|---|---|
| **Signature of Patient or Legal Guardian:** | **Date:** |
| **Signature of Pinnacle Witness:** | **Date:** |
| **Verified by MRI Technologist:** | **Date:** |