

McLaren Print System Order

Order No: 9198
Order Date: 2015-02-19
User: Jennifer Dixon
Phone: 810-342-2138

Ship Location: MRI / JENI DIXON
750 S Ballenger Hwy
Flint, MI 48532

Forms

Quantity: 1000
Paragon Dept No: 32113
Dept Name: MRI
Company Number: 60

Order Total Price: 60.00

Item Number: 2245
Item Description: MRI 3T Screening Form
Revision Date: 10/2014
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Flint
MRI 3T SCREENING FORM

NAME: _____ DATE OF BIRTH: ____/____/____
ACCT #: _____ MRN: _____

- YES NO BRAIN ANEURYSM CLIP(S)?
- YES NO CARDIAC PACEMAKER?
- YES NO IMPLANTED CARDIOVERTER DEFIBRILLATOR (ICD)?
- YES NO POSSIBILITY YOU MIGHT BE PREGNANT?
- YES NO CLAUSTROPHOBIC?
- YES NO MAGNETICALLY-ACTIVATED IMPLANT OR DEVICE?
- YES NO DO YOU OR HAVE YOU EVER HAD A NEUROSTIMULATOR, SPINAL CORD STIMULATOR OR A BONE GROWTH, BONE FUSION STIMULATOR?
- YES NO INTERNAL ELECTRODES OR WIRES?
- YES NO BONE GROWTH/BONE FUSION STIMULATOR?
- YES NO MIDDLE/INNER EAR IMPLANTS (e.g. COCHLEAR OR STAPES)?
- YES NO EYELID SPRING OR RETINAL TACE?
- YES NO INSULIN OR ANY OTHER IMPLANTED DRUG INFUSION DEVICE OR PORT?
- YES NO ANY TYPE OF PROSTHESIS (EYE, PENILE, ETC)?
- YES NO OPEN HEART SURGERY?
- YES NO HAVE YOU EVER HAD A HEART CATH?
- YES NO HEART VALVE PROTHESIS?
- YES NO ANY STENTS/FILTERS/COILS/SHUNTS OR GRAPHS?
- YES NO ABDOMINAL AORTIC ANEURYSM?
- YES NO MEDICATION PATCH (NICOTINE, NITROGLYCERINE)?
- YES NO HAVE YOU EVER HAD AN INJURY TO THE EYE OR BODY INVOLVING METAL SLIVERS, SHAVINGS, BB'S, BULLETS, SHRAPNEL OR FOREIGN BODY?
- YES NO JOINT REPLACEMENT (HIP, KNEE, ETC)?
- YES NO IUD, DIAPHRAGM OR PESSARY?

MRI 3T SCREENING FORM
2014-10-01 (Rev. 10-14-2014)



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