

McLaren MRI
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 TACK?
- 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?



PT.

MR.#/RM.

DR.

McLaren Flint

FLINT, MICHIGAN 48532

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NAME: _____

YES NO TATTOO OR PERMANENT MAKE-UP?

YES NO BODY PIERCING JEWELRY?

YES NO OTHER IMPLANTS?

YES NO KIDNEY DISEASE?

YES NO ARE YOU ALLERGIC TO LATEX?

YES NO HISTORY OF CANCER? IF BREAST CANCER - TISSUE EXPANDER YES NO

YES NO BRAIN SURGERY?

YES NO ANY SURGERIES IN THE PAST 8 WEEKS?

NO GOWNS OR CLOTHING WITH METAL (SNAPS, ZIPPERS, ETC.)

***REMOVE ALL JEWELRY INCLUDING RINGS ***

NO MAKEUP, NO SHIMMERY POWDER OR LOTIONS, NO HAIR PRODUCTS

PATIENT SIGNATURE: _____ **DATE / TIME** _____

SCHEDULER SIGNATURE: _____ **DATE / TIME** _____

TECHNOLOGIST SIGNATURE: _____ **DATE / TIME** _____

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PT.

MR./RM.

DR.