

RIVER RANCH RADIOLOGY™

MRI SCREENING

Patient Name: _____ Date of Scan: _____ DOB: _____

POSSIBLE SCREENING PROCEDURE NEEDED IF YES TO THE FOLLOWING: (Failure to answer correctly could result in serious injury)

	YES	NO	TYPE
Has metal ever been removed from your eyes?	___	___	_____
Do you have any shrapnel or bullets in your body?	___	___	_____
Are you, or have you ever been a metal worker?	___	___	_____
If yes, were goggles worn?	___	___	_____

DO YOU HAVE ANY OF THE FOLLOWING:	YES	NO	TYPE	DATE	DOCTOR
History of Kidney Disease or Surgery	___	___	_____	_____	_____
Atrial Defibrillator	___	___	_____	_____	_____
Cardiac Pacemaker	___	___	_____	_____	_____
Brain aneurysm clips	___	___	_____	_____	_____
Eye implants or cataracts (pre-1980)	___	___	_____	_____	_____
Metallic heart valve	___	___	_____	_____	_____
Neurostimulators					
Internal / External / Tens Unit	___	___	_____	_____	_____
Ear implants (stapes)	___	___	_____	_____	_____
Penile implant	___	___	_____	_____	_____
Bones treated with metal pins, plates or screws	___	___	_____	_____	_____
Harrington rods	___	___	_____	_____	_____
Wire sutures	___	___	_____	_____	_____
Hearing aid	___	___	_____	_____	_____
Dentures	___	___	_____	_____	_____
Injection pump (insulin pump, pain pump, etc)	___	___	_____	_____	_____
Patches (Medicinal, Nicotine, Birth Control, etc.)	___	___	_____	_____	_____
Other (please specify):	_____				

Did you bring someone with you today that you wish to accompany you during the MRI?

*If yes, the visitor must fill out a Visitor Screen. ___ ___

FOR FEMALE PATIENTS ONLY:	YES	NO
Are you pregnant ?	___	___
Are you trying to get pregnant?	___	___
If yes, list date of last period:	_____	

All Patients Must Read the Following Statement Carefully:

MRI Contrast and/or Gadolinium-based contrast agents increase the risk of Nephrogenic Systemic Fibrosis in patients with:

- Acute, chronic, or severe renal insufficiency (glomerular filtration rate < 30 mL/min/1.73m²) or,
- Acute renal insufficiency of any severity due to the hepato-renal syndrome or in the perioperative liver transplantation period.

Patients with the above noted diagnoses should avoid the use of gadolinium-based contrast agents unless the diagnostic information is essential and not available with non-contrast enhanced MRI. NSF may result in fatal or debilitating systemic fibrosis affecting the skin, muscle and internal organs.

WARNING: The MRI system is always on! Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR. Do not enter the MR scan room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Radiologist BEFORE entering the MR exam room.

I certify that, besides my teeth and except as otherwise designated above, no metal has been surgically placed in my body. Specifically, I have not had a cardiac pacemaker, metallic or prosthetic heart valve placed in my body. I also state that I have no injuries whereby iron filings of shrapnel have been imbedded in my body, particularly my eyes.

Signature _____ **RRR Tech:** _____
 (Patient OR person authorized to give consent for patient)