



MRI PATIENT SCREENING RECORD

PLEASE FILL OUT FORM COMPLETELY

Patient Name: Age: Weight: Height:

Please Check ***For YOUR SAFETY, it is important to answer the following questions***

Table with 2 columns: YES, NO. Rows include screening questions about cardiac implants, brain surgery, eye surgery, metal in eyes, grinding metal, implanted devices, hearing aids, tattoos, metal in body, and dental work.

YES NO ***For clinical reasons, it is important to answer the following question***

Table with 2 columns: YES, NO. Rows include screening questions about pregnancy/nursing, cancer, anemia, and kidney/renal failure.

On Certain exams, we may need to inject a special image enhancement agent (Gadolinium) to improve the images that are created on your exam. This agent is safe; however, a small number of patients may experience headaches, nausea, or vomiting. Serious reactions occur in less than 1% of patients.

I have read and understand the above. I give consent for this exam and the injection of Gadolinium if necessary. I hereby certify that the above questions have been answered to the best of my knowledge.

Patient or Guardian Signature: Date: For MRI Technologist USE ONLY

Technologist Notes:

Technologist Signature: Date:

CONTRAST INJECTION

Cc's of Magnevist injected @ AM/PM in Left/Right:

Lot# _____ Exp: _____ Catheter Removed _____ Initials
