

Community Orthopedic Medical Group

Magnetic Resonance Procedure Screening and Consent Form

Patient Name:

DOB:

MRN:

Do You Have Or Have You Had Any Of The Following?

Have you had a previous MRI or Surgery to the body part being scanned today?

Answer

Have you had any other type of surgery or operation (i.e. arthroscopy, endoscopy, etc.) of any kind?

Answer

If yes, please describe:

Are you allergic to any medication?

Answer

If yes, please List:

Are you allergic to any type of contrast dye used for imaging exams?

Answer

Do you have a cardiac pacemaker or implanted cardiac device or defibrillator?

Answer

Do you have an aneurysm clip?

Answer

Do you have a spinal cord stimulator or neurostimulator or bone stimulator?

Answer

Do you have a cochlear implant, otologic, or other ear implant/aid? **Answer**

Do you have heart valve prosthesis? **Answer**

Do you have any metal in your body (surgical staples, clips, metallic sutures, pins, screws, plates, etc.)? **Answer**

Have you been diagnosed with cancer or multiple myeloma? **Answer**

Do you have a tissue expander? **Answer**

Will you have a problem lying still for the MRI? **Answer**

Are you claustrophobic or uneasy in enclosed spaces? **Answer**

Do you have dentures or partial plates? (Must be removed for Cervical Spine or Brain MRIs) **Answer**

Do you have a shunt (spinal or intraventricular)? **Answer**

Do you have internal or external electrodes or wires? **Answer**

Do you have an infusion/insulin pump or medication patch? **Answer**

Do you have an artificial or prosthetic limb? **Answer**

Do you have any type of prosthesis (penile, eye, etc.)? **Answer**

Have you had any injury to your eyes involving metal? **Answer**

Have you had an injury due to a metallic object or foreign body (i.e. BB, bullet, shrapnel, etc)?

Answer

Do you require the use of a mobility aid such as a walker or wheelchair?

Answer

FEMALE PATIENTS ONLY:

Are you currently pregnant or could you be pregnant?

Answer



WARNING! Certain implants, devices, objects may be hazardous to you and may interfere with the MR procedure (i.e. MRI, MR angiography, functional MRI, MR spectroscopy). There are health risks involved to some patients. Do not enter the MR system room or the MR environment if you have any questions or concerns regarding an implant, device or object. Consult with the MRI technologist, radiologist, or physician **BEFORE** entering the MR system room.

THE MR SYSTEM MAGNET IS ALWAYS ON.

You may be advised or required to wear earplugs or other hearing protection during the MRI procedure to prevent possible problems or hazards related to acoustic noise. It is very important that you alert the technologist to any discomfort during the procedure (i.e. pain, sensation of heat, claustrophobia, or any other significant or unusual discomfort you may experience) by pressing the bulb that will be handed to you before the test starts.

Consent: I attest that the above information is correct to the best of my knowledge. I have read and understand the contents of this form and had the opportunity to ask questions regarding the information on these forms. I understand the procedure and risks regarding the MRI procedure that I am about to undergo and give my consent to proceed.

X _____
 Signature Printed Name Date

 Relationship to Patient

X _____
 Witness Signature Printed Name Date



IMPORTANT INSTRUCTIONS: Before entering the MR environment or MR system room, you must remove ALL metallic objects including hearing aids, dentures, partial plates, retainers, keys, beepers, cell phones, eyeglasses, hair pins, barrettes, jewelry, watches, safety pins, paperclips, money clips, credit/bank cards, coins, pens, pocket knives, nail clippers, tools, and clothing with metal (i.e. zippers, bra underwires). Please consult your MR technologist if you have any questions **BEFORE** entering the MR system room.