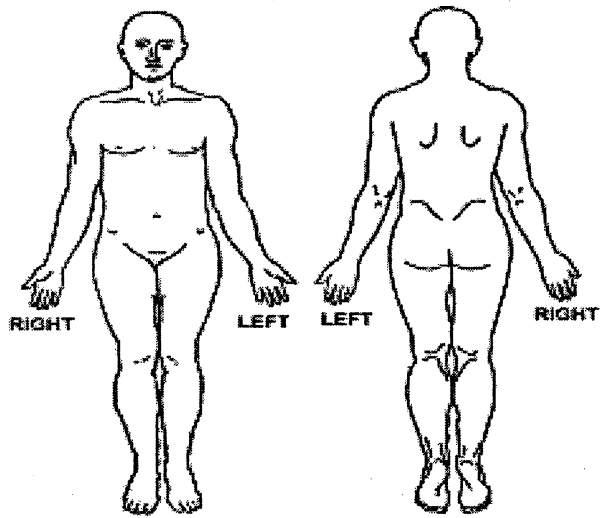


Please indicate if you have any of the following:

- Yes No Aneurysm clip(s)
- Yes No Cardiac pacemaker
- Yes No Implanted cardioverter defibrillator (ICD)
- Yes No Electronic implant or device
- Yes No Magnetically-activated implant or device
- Yes No Neurostimulation system
- Yes No Spinal cord stimulator
- Yes No Internal electrodes or wires
- Yes No Bone growth/bone fusion stimulator
- Yes No Cochlear, otologic, or other ear implant
- Yes No Insulin or other infusion pump
- Yes No Implanted drug infusion device
- Yes No Any type of prosthesis (eye, penile, etc.)
- Yes No Heart valve prosthesis
- Yes No Eyelid spring or wire
- Yes No Artificial or prosthetic limb
- Yes No Metallic stent, filter, or coil
- Yes No Shunt (spinal or intraventricular)
- Yes No Vascular access port and/or catheter
- Yes No Radiation seeds or implants
- Yes No Swan-Ganz or thermodilution catheter
- Yes No Medication patch (Nicotine, Nitroglycerine)
- Yes No Any metallic fragment or foreign body
- Yes No Wire mesh implant
- Yes No Tissue expander (e.g., breast)
- Yes No Surgical staples, clips, or metallic suture
- Yes No Joint Replacement (hip, knee, etc.)
- Yes No Bone/Joint pin, screw, nail, wire, plate, etc.
- Yes No IUD, Diaphragm or pessary
- Yes No Dentures or partial plates
- Yes No Tattoo or permanent makeup
- Yes No Body piercing jewelry
- Yes No Hearing aid (remove before entering MR room)
- Yes No Other Implant _____
- Yes No Breathing problem or motion disorder
- Yes No Claustrophobia

**Please mark on the figure(s) below
the location of any implant or metal
inside of or on your body.**



⚠ IMPORTANT INSTRUCTIONS

Before entering the MR environment or MR system room, you must remove all metallic objects including: hearing aids, dentures, partial plates, keys, pagers, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners and clothing with metallic threads.

PLEASE consult the MRI Technologist or Radiologist if you have any questions or concerns BEFORE entering the MRI system room

I attest that the above information is correct to the best of my knowledge. I have read and I understand the contents of this form and I was given the opportunity to ask questions regarding the information on this form and regarding the MRI procedure that I am about to undergo.

Patient Signature: _____ Date ____ / ____ / ____

Signature of person completing form: _____ Date ____ / ____ / ____

Form completed by: Patient Relative Technologist _____ / _____
Print Name Relationship to Patient

Form reviewed by: _____
Print Name Signature

MRI Technologist Radiologist Other _____