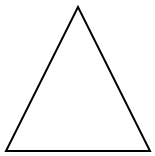

**WARNING:** Before entering the MR environment or MR system room, you must remove ***all*** metallic objects including hearing aids, dentures, partial plates, keys, beepers, cell phones, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clips, credit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

Please consult the MRI Technologist and/or Radiologist if you have any questions or concerns ***BEFORE*** you enter the MR system room.

Please indicate if you have any of the following:

□Yes □No Aneurysm Clips
□Yes □No Cardiac Pacemaker or Defibrillator
□Yes □No Programmable Shunt
□Yes □No Electronic Implant or device
□Yes □No Magnetically-activated implant or device
□Yes □No Internal Electrodes or wires
□Yes □No Bone growth/bone fusion stimulator
□Yes □No Cochlear, otologic or other ear implant
□Yes □No Neuro/Spinal Cord Stimulation
□Yes □No Eyelid Spring or wire
□Yes □No Insulin or other infusion pump
□Yes □No Claustrophobia
□Yes □No Any type of prosthesis(eye, penile, ect)
□Yes □No Body Piercing Jewelry
□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 Head/Neck Surgery
□Yes □No Medication Patch
□Yes □No Any metallic fragment or foreign body
□Yes □No Wire mesh implant
□Yes □No Tissue expander

□Yes □No Surgical Staples, clips
□Yes □No Joint Replacement_____
□Yes □No Bone/joint pin, screws, plates
□Yes □No IUD, diaphragm, or pessary
□Yes □No Removal Dental item
□Yes □No Tattoo or permanent makeup
□Yes □No Hearing aids
□Yes □No Other implants_____
_____
□Yes □No Breast implants
□Yes □No Implants replaced or remove
□Yes □No Kidney infection/Disease
□Yes □No Liver Disease
□Yes □No Liver/Renal Transplant
□Yes □No Hypertension
□Yes □No Diabetes

***FOR FEMALE PATIENTS***

□Yes □No Are you pregnant?
□Yes □No Nursing?
□Yes □No Any possibility you may be Pregnant?

*IF YES TO ANY ANSWER ABOVE, PLEASE PROVIDE DETAILS BELOW: (HAVE IMPLANT CARD AVAILABLE, IF APPLICABLE)_____
_____
_____

***FACILITY DISCLAIMER***

Our Facility will not be held responsible for any items that we have mentioned and you failed to remove prior to entering the MRI Room.

**PLEASE SIGN BELOW**

Sign/Date:_____
Relationship(If other than patient)
_____
Witness:_____