

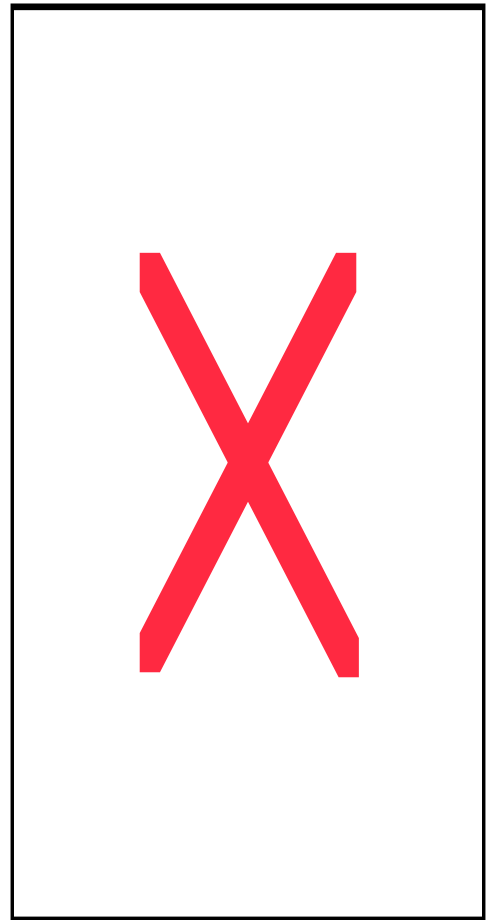
The following items may be hazardous or may interfere with the MRI examination by producing an artifact.

Please indicate if you have any of the following:

Yes No

- Cardiac Pacemaker
- Aneurysm Clip(s)
- Implanted Cardiac Defibrillator
- Neurostimulator
- Any type of Biostimulator
Type: _____
- Any type of Internal Electrode(s), including
 - Pacing Wires
 - Cochlear Implant
 - Other: _____
- Implanted Insulin Pump
- Swan-Ganz Catheter
- Halo Vest or Metallic Cervical Fixation Device
- Any type of Electronic, Mechanical or Magnetic Implant
Type: _____
- Hearing Aid
- Any type of Intravascular Coil, Filter, or Stent, etc.
(e.g. Gianturccocoil, Gunther IVC Filter, Palmaz Stent, etc.)
- Implanted Drug Infusion Device
- Any type of Foreign Body, Shrapnel, or Bullet
- Heart Valve Prosthesis
- Any type of Ear Implant
- Penile Prosthesis
- Any type of Implant held in place by a magnet
- Any type of Surgical Clip or Staple(s)
- Vascular Access Port
- Intraventricular Shunt
- Artificial Limb or Joint
- Dentures
- Diaphragm
- IUD
- Pessary
- Wire Mesh
- Any Implanted Orthopaedic Item(s) (i.e. pins, rods, screw, nails, clips, plates, wire, etc.)
Type: _____
- Any Implanted Item
Type: _____
- Body Piercing(s)
- Tattoos of any type*

Please mark on this drawing the location of any metal inside your body.



* A small percentage of patients with tattooed eyeliner have experienced transient skin irritation in association with MRI. Therefore, you must decide if this slight risk warrants undergoing your examination. You may want to discuss this matter with your referring physician.

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form, and I have had the opportunity to ask questions regarding the information on this form.

Patient's Signature _____ Date _____

RT Signature _____ Date _____

Print ordering MD name _____