

MRI SAFETY SCREENING AND CONSENT

Date: _____ Patient Name: _____

Age: _____ Height: _____ Weight: _____

Are any of the following devices in your body or do any of the following conditions apply to you?

- Y N CARDIAC PACEMAKER / pacer wires / or defibrillator?
- Y N IMPLANTED ELECTRONIC DEVICES / drug pumps / stimulators
- Y N Aneurysm clip in the brain or shunt (type: _____)
- Y N Shrapnel or metal foreign body
- Y N Magnetic Orbital Implant / metallic foreign body in eyes
- Y N Cochlear or other ear implant
- Y N Vascular Stent
- Y N Tissue expanders (e.g. breast)
- Y N Medication/Nicotine patch
- Y N Medication dressing containing silver or Metallic backing
- Y N Removable partial dental plate
- Y N Do you have diabetes?
- Y N Are you on dialysis?
- Y N Any type of cancer?
 If yes, what type of cancer: _____
- Y N Any chance you are pregnant?
- Y N Are you currently breastfeeding?
- Y N Have you had surgery on the area we are scanning today?
 If yes, when: _____

Please remove the following:

- Keys
- Hairpins
- Barrettes
- Hearing Aids
- Prostheses
- Jewelry
- Watch
- Safety Pins
- Credit Cards
- Money Clips
- Coins
- Pens
- Belt
- Metal Buttons
- Pocket Knife
- Beeper
- Cell phone
- Clothing with metal

For what problem are you having this test?

MRI IV CONTRAST CONSENT

Your scheduled MRI examination may require the use of an intravenous (IV) contrast agent called Gadolinium.

A medication guide is provided for your review prior to your exam.

Intravenous contrast material is a clear liquid. Normally, contrast media is considered quite safe. Any injection, however, carries some risk of harm, including injury to nerve, artery or vein, infection, compartment syndrome, or reaction to the material being injected. Reactions are very uncommon, and usually mild, and usually require no treatment. If you have no significant allergic history, the possibility of a severe reaction is very small. *There may be alternative examinations to studies using IV contrast.*

Thank you for your attention. If you have any questions, please ask the Technologist before your examination begins.

Please sign below. **Your signature indicates that you have received and reviewed the Gadolinium medication guide, have read and understand the above information, and consent to proceed with the exam.**

Signature

Staff signature

Date

Time

Adventist Health Portland, Oregon

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