MR Screening for MRI Procedures

This checklist must be completed by all students and is required prior to observing an MRI procedure.

The following items may be harmful to you and may interfere with the MR examination. Please indicate if you have or have had any of the following:

YES	NO	
☐	☐	Any type of electronic, mechanical, or magnetic implant Type:
☐	☐	Cardiac pacemaker
☐	☐	Aneurysm clip
☐	☐	Implanted cardiac defibrillator
☐	☐	Neurostimulator
☐	☐	Biostimulator Type:
☐	☐	Any type of internal electrodes or wires
☐	☐	Cochlear implant
☐	☐	Hearing aid
☐	☐	Implanted drug pump (e.g., insulin, Baclofen, chemotherapy, pain medicine)
☐	☐	Halo vest
☐	☐	Spinal fixation device
☐	☐	Spinal fusion procedure
☐	☐	Any type of coil, filter or stent Type:
☐	☐	Any type of metal object (e.g., shrapnel, bullet, BB)
☐	☐	Artificial heart valve
☐	☐	Any type of ear implant
☐	☐	Penile implant
☐	☐	Artificial eye
☐	☐	Eyelid spring
☐	☐	Any type of implant held in place by a magnet Type:
☐	☐	Any type of surgical clip or staple

☐	☐	Any IV access port (e.g., Broviac, Port-a-Cath, Hickman, Picc line)
☐	☐	Medication patch (e.g., Nitroglycerine, nicotine)
☐	☐	Shunt
☐	☐	Artificial limb or joint What and Where:
☐	☐	Tissue Expander (e.g., breast)
☐	☐	Removable dentures, false teeth or partial plate
☐	☐	Diaphragm, IUD, Pessary Type:
☐	☐	Surgical mesh Location:
☐	☐	Body piercing Location:
☐	☐	Wig, hair implants
☐	☐	Tattoos or tattooed eyeliner
☐	☐	Radiation seeds (e.g., cancer treatment)
☐	☐	Any implanted items (e.g., pins, rods, screws, nails, plates, wires)
☐	☐	Any hair accessories (e.g., bobby pins, barrettes, clips)
☐	☐	Jewelry
☐	☐	Any other type of implanted item Type:

_____ _____

Student Name (print) Date

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Student Signature