R A 2 C 2 4 4

STONY BROOK UNIVERSITY MEDICAL CENTER
Stony Brook, N.Y. 11794

MRN: _____
DATE OF BIRTH: _____
PATIENTS WEIGHT: _____
DATE: _____

MRI Safety Screening Form

WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure i.e., MRI, MR angiography, functional MRI, MR spectroscopy) **Do Not enter** the MR system room or MR environment if you have any question or concern regarding an implant, device, or object Consult the MRI Technologist or Radiologist BEFORE entering the MR system room **The MR system magnet ALWAYS on.**

NOTE: You May be advised or required to wear earplugs or other hearing protection during the MRI procedure to prevent Possible problems or hazards related to acoustic noise.

Please indicate you have the following:

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

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind?
   If yes, please indicate date and type of surgery: Date_____/_____/_____ Type of surgery

2. Have you had an injury to the eye involving a metallic object (e.g., metallic slivers, foreign body)?
   If yes, please describe: _____

3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)?
   If yes, please describe: _____

4. Are you pregnant or suspect that you are pregnant?

   List medications currently taking _____

   _____

continued - over →

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I attest that the above information is correct to the best of my knowledge I read and understand the comments of this form and had the opportunity to ask questions regarding the information on this form and regarding and MR procedure that I am about to undergo.

Signature of Patient/Guardian completing form: _____ **Date** ___/___/___

Time _____

Form Completed By: ☐ Patient ☐ Relative ☐ Nurse _____ _____
Relationship to Patient

Form Information Reviewed By: _____ _____
Print Signature

Date _____ Time _____

☐ MRI Technologist ☐ Nurse ☐ Radiologist ☐ Other _____

☐ Approved for 1.5T

☐ Approved for 3.0T

IMPORTANT INSTRUCTIONS

Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing, jewelry, watch, safety pins, paperclips, money clip, credit 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 question or concern BEFORE you enter the MR system room.