

152922

**WARNING:** Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e. MRI, MRA, 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 Tech or Radiologist **BEFORE** entering the MR system room. The MR system magnet is **ALWAYS** on.

Please indicate if you have any of the following:

YES ☐ NO ☒ Aneurysm Clip(s)  
 YES ☐ NO ☐ Cardiac Pacemaker  
 YES ☐ NO ☒ Implanted cardioverter defibrillator (ICD)  
 YES ☐ NO ☐ Electronic implant or device  
 YES ☐ NO ☐ Magnetically-activated implant or device  
 YES ☐ NO ☐ Neurostimulation system  
 YES ☐ NO ☐ Spinal cord stimulator  
 YES ☐ NO ☐ Internal electrodes or wires  
 YES ☐ NO ☐ Bone growth/bone fusion stimulator  
 YES ☐ NO ☐ Implanted drug infusion device  
 YES ☐ NO ☐ Any type of prosthesis (eye, penile, etc)  
 YES ☐ NO ☐ Heart valve prosthesis  
 YES ☐ NO ☐ Eyelid spring or wire  
 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 ☐ Radiation seeds or implants  
 YES ☐ NO ☐ Swan-Ganz or thermolulution catheter  
 YES ☐ NO ☒ Medication patch (Nicotine, Nitroglycerine)  
 YES ☐ NO ☒ Any metallic fragment of foreign body  
 YES ☒ NO ☐ Wire mesh implant -- hernia (herny) not wire?  
 YES ☐ NO ☒ Tissue expander (i.e. breast)  
 YES ☐ NO ☒ Surgical staples, clips, or metallic sutures  
 YES ☐ NO ☒ Joint replacements (hip, knee, etc)  
 YES ☒ NO ☐ Bone/joint pin, screw, nail, wire, plate ect. 4 Hip  
 YES ☐ NO ☒ IUD, diaphragm, or pessary  
 YES ☐ NO ☒ Dentures or partial plates  
 YES ☐ NO ☐ Tattoo or permanent makeup  
 YES ☐ NO ☒ Body piercing or jewelry  
 YES ☐ NO ☒ Hearing aid (MUST BE REMOVED)  
 YES ☐ NO ☐ Other implant  
 YES ☒ NO ☐ Breathing problem or motion disorder COPD  
 YES ☐ NO ☒ Claustrophobia

Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phones, eyeglasses, hair pins, barrettes, jewelry, body piercings, watch, safety pins, paperclips, money clips, credit cards, bank cards, magnetic strip cards, coins, pens, pockets knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads.

Please consult the MRI Tech if you have any question or concerns before entering the MR room.

You may be advised or required to wear earplugs to prevent problems or hazards related to acoustic noise

HEARING PROTECTION GIVEN: YES ☐ NO ☐ (to be completed by MRI Tech)

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

Signature of patient or representative X Jeffrey A. Harlow

Date 12/14/22

Relationship if other than self \_\_\_\_\_

Technologist Signature Justin West

Date 12/14/22

12/14/2022, 3:34:17 PM

A3

**WARNING!**

THE QUALITY OF THIS IMAGE PRINTOUT MAY NOT BE ADEQUATE.  
IT SHOULD THEREFORE NOT BE USED FOR DIAGNOSTIC PURPOSES.