

Tesson Heights Orthopaedics

MRI PROCEDURE SCREENING AND CONSENT FORM

PATIENT NAME: _____

SEX: _____ PHYSICIAN: _____

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____

ATTENTION: MRI PATIENTS AND ACCOMPANYING FAMILY MEMBERS:

The MR room contains a very strong magnet. Before you are allowed to enter, we must know if you have any metal in your body. Some metal objects can interfere with your scan or even be dangerous, so please answer the following questions carefully.

Yes No Have you ever had an operation or surgical procedure of any

kind? Please list all with dates:

Yes No Have you ever been a machinist, welder, or metal worker?

Yes No Have you ever been hit in the face or eye with a piece of metal

(including metal shavings, slivers, bullets or BB's)?

Yes No Are you pregnant or probably pregnant?

RADIOGRAPHS MIGHT HAVE TO BE TAKEN PRIOR TO THIS EXAMINATION.

DO YOU HAVE ANY OF THESE ITEMS IN YOUR BODY?

- Yes No pacemaker, wires, or defibrillator
- Yes No brain/aneurysm clip
- Yes No ear implant
- Yes No electrical stimulator for nerves or bone
- Yes No bullets, BB's, pellets, or shrapnel
- Yes No hearing aid
- Yes No nitro patch or other skin patches
- Yes No magnetic implant anywhere
- Yes No infusion pump
- Yes No coil, filter, wire in blood vessel or stent

QUESTIONS CONTINUED ON BACK SIDE

Yes No artificial limb or joint

Yes No eyelid tattoo

Yes No implanted catheter or tube

Yes No artificial heart valve

Yes No penile prosthesis

Yes No Shunt

Yes No false teeth, retainers, magnetic braces, or magnetic dentures

Yes No surgical clips, staples, wires, mesh, or sutures

Yes No diaphragm or intrauterine device

Yes No orthopedic hardware (plates, screws, pins, rods, wires)

INFORMATION CONCERNING GADOLINIUM CONTRAST MATERIAL

As part of your examination, the MR radiologist may deem it advisable to give you an

intravenous injection of a contrast agent containing Gadolinium. This injection may

help the physician more accurately diagnose your condition. Although Gadolinium

contrast agents have been used safely in millions of cases, minor reactions (principally

headache or nausea) occur in about 2% of patients, whereas serious or life threatening

reactions have been reported in about one in 400,000 patients.

Yes No Have you ever had a previous allergic reaction to Gadolinium

contrast material?

Yes No Do you have a history of asthma or emphysema?

Yes No Do you have any drug allergies?

Yes No Do you have anemia or any other blood diseases?

Yes No Do you have any kidney problems?

Yes No Are you breast feeding?

I ATTEST THAT I HAVE FULLY READ AND UNDERSTAND THIS MRI CONSENT FORM

AND AGREE TO HAVE THIS EXAMINATION PERFORMED ON ME.

Signature (patient or guardian): _____

MRI Technologist: _____ Date: _____

If patient is unable to consent or is a minor, complete the following:

Patient: _____ is a minor _____ years of age.

MRI Technologist

Relative/Legal Guardian

Relationship

Date:_____

Date:_____