

Musculoskeletal Institute of Louisiana
Orthopedic Specialists of Louisiana • Pain Care Consultants

MRI Safety Screening/ Consent Form

WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MRI procedure. **DO NOT ENTER** the MRI environment if you have any question regarding an implant, device, or object. Consult the MRI Technologists BEFORE entering the room. The **MRI MAGNET** is **ALWAYS ON!!!!**

Name _____ DOB _____ Weight _____

☐ Male ☐ Female Body part to be examined _____

Reason for MRI/Symptoms _____

Ordering Physician _____

Previous neck, back, or brain surgery? ☐ Yes ☐ No

List **ALL** surgeries _____

Is there a possibility you could be pregnant? ☐ Yes ☐ No Last Menstrual Cycle _____

Are you **CLAUSTROPHOBIC**? ☐ Yes ☐ No Will you be taking a sedative for your MRI? ☐ Yes ☐ No

Please indicate if you have/had any of the following?

☐ **CARDIAC PACEMAKER**

☐ IMPLANTED Cardiac Defibrillator

☐ Cardiac Stents/Heart valve replacement

☐ IUD/Diaphragm

☐ Joint Replacements

☐ Dentures or Partial

☐ Tissue Expanders (ex. Breast)

☐ Body Piercings

☐ Breathing Problems or motion disorder

☐ Medication Patch

☐ Any type of Prosthesis (Eye, Penile, etc.)

☐ **ANEURYSM CLIP(S)**

☐ Infusion Pain Pump

☐ Hearing Aids

☐ Electrodes or Implanted Devices

☐ Neurostimulators /TNS Units

☐ Insulin or Infusion Pump

☐ Wire Mesh Implants

☐ Tattoo or Permanent Makeup

☐ Ear/Cochlear Implants or Tubes

☐ Shunt/Codman Shunt

☐ Cancer—What Kind _____

Have you ever worked as a welder or machinist, or worked with sheet metal? ☐ Yes ☐ NO

Have you ever had an MRI? ☐ Yes ☐ No, If so where? _____

In the event of a medical emergency while in the MRI suite, our in house physician will be contacted. After thorough examination if our physician deems necessary we will call EMS. If you don't want to be transported to the hospital for further evaluation, we reserve the right to terminate the exam and reschedule to a later date. I attest the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and I have the opportunity to ask questions regarding the information of this form.

Patient Signature

Date

Tech Signature

Date