MAGNETIC RESONANCE (MR) ENVIRONMENT SCREENING FORM FOR INDIVIDUALS*



The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, <u>all</u> individuals are required to fill out this form BEFORE entering the MR environment or MR system room. **Be advised, the MR system magnet is ALWAYS on**.

*NOTE: If you are a patient preparing to undergo an MR examination, you are required to fill out a different form.

Date / /	Name	R examination, you are required to fin out a d	Age
month day	year Last Name	First Name Middle Initial	
Address		Telephone (home) ()	_ -
City		Telephone (work) ()	
State	Zip Code		
If yes, please indicate date and type of surgery: Date// Type of surgery			□ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes
MR MR	1	bjects may be hazardous to you in the MR environment or MR system room if you have any question	
□ Yes □ No And □ Yes □ No Car □ Yes □ No Imp □ Yes □ No Ma □ Yes □ No No □ Yes □ No Coo □ Yes □ No Imp □ Yes □ No And □ Yes □ No Hea □ Yes □ No Hea	rdiac pacemaker planted cardioverter defibrillator (ICD) retronic implant or device gnetically-activated implant or device urostimulation system nal cord stimulator chlear implant or implanted hearing aid ulin or infusion pump planted drug infusion device y type of prosthesis or implant ifficial or prosthetic limb y metallic fragment or foreign body y external or internal metallic object aring aid nove before entering the MR system room)	Remove all metallic objects before enterenvironment or MR system room includaids, beeper, cell phone, keys, eyeglasses barrettes, jewelry (including body pierowatch, safety pins, paperclips, money cleards, bank cards, magnetic strip cards pocket knife, nail clipper, steel-toed bootools. Loose metallic objects are especia in the MR system room and MR environment of the MR system room concern BEFO the MR system room.	ring the MR ding hearing s, hair pins, ring jewelry), ip, credit , coins, pens, ots/shoes, and lly prohibited nment. Radiologist if
form and have had the	e information is correct to the best of my known the opportunity to ask questions regarding the Completing Form: Signature	Dut	ontents of this
Form Information Ro	eviewed By:Print name	Signature Other	