



\*061551\*

### Winchester Medical Center Imaging Center MRI Screening Form

Patient Name: \_\_\_\_\_ Weight: \_\_\_\_\_ Height \_\_\_\_\_  
 MR #: \_\_\_\_\_ Date to be done: \_\_\_\_\_  
 Ordering Physician: \_\_\_\_\_ Reading Physician: Radiology or Neurology  
 Exam: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Please indicate if you have any of the following items:  
(Contact MRI Technician for any "YES" responses to the following questions)

	YES	NO		YES	NO
Pacemaker	___	___	Bullet or Shrapnel Wounds	___	___
Metallic Heart Valve	___	___	Bone Growth Stimulator	___	___
(Starr-Edwards) Stent	___	___	Tattooed Makeup	___	___
If yes, when placed _____			or other tattoos		
Implanted Cardiac defibrillator	___	___	Ear or Eye Implants	___	___
Implanted drug infusion device	___	___	Aneurysm Clips	___	___
or pump					
Electrode	___	___	Surgical Clips	___	___
Neurostimulator	___	___	Are you Pregnant	___	___
Body Piercing	___	___	Barium Studies in past 7 days	___	___

	YES	NO
Have you ever had any metal removed from your eyes?	___	___
If Yes, ask the patient if they have had an MRI or CT of the head at WMC.		
**If No, the patient must have orbits**		
Have you ever done any filing, grinding, welding, sharpening of metal?	___	___
Are you claustrophobic? (If Yes, patient must arrive 1 hour prior for sedation)	___	___
Ask ordering MD for prescription for sedation. MUST HAVE DRIVER		
<i>Must have medication filled prior to arrival and bring with you for test.</i>		
Do you have a history of kidney disease?	___	___
Have you had any previous surgeries? (List types and dates) _____		

Do you have any other metal in body, not listed above? \_\_\_\_\_

### Inpatients

	YES	NO		YES	NO
Sand Bags	___	___	Rectal Probe	___	___
Temporary Pacing Wire	___	___	Swan Catheter	___	___
Thermal Foley	___	___	Oxygen (no portable tanks)	___	___
Incisional Staples	___	___			

**Reminders: Do not wear jewelry the day of the exam. Wear comfortable clothing without metal zippers or snaps. Please call ASAP if you need to cancel and don't forget to bring your physician's order with you. Please leave all valuables at home.**

Signature of Screener \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date/Time \_\_\_\_\_