

STUDENT M.R.I. PRE-SCREENING FORM

Name _____ Student I.D.#: _____ D.O.B.: _____

Date: _____

Please indicate if you have the following:

Cardiac Pacemaker: -----Yes___ No___

Implanted Cardiac Defibrillator: ---Yes___ No___

Note if yes to either of these two above questions, you may be reassigned to another specialty rotation

Neuro Stimulator/Spinal Fusion Stimulator:-----Yes___ No___

Cerebral Aneurysm Clip:-----Yes___ No___

Metal fragments (eye, head, skin, etc.):-----Yes___ No___

Implanted Drug Infusion Pump:-----Yes___ No___

Cochlear, Otologic or Ear Implants:-----Yes___ No___

Internal Cardiac Pacing Wires:-----Yes___ No___

Magnetically Activated Implants (dental, sphincter, stoma):-----Yes___ No___

Heart Valve Prosthesis:-----Yes___ No___

Ornamental Body Piercing:-----Yes___ No___

Prosthesis (orbital, limb, penile, etc.):-----Yes___ No___

Vascular Stent, Filter, Coil, or Clamp:-----Yes___ No___

Vascular Access Port and/or Catheter (mediport, picc line, etc.):-----Yes___ No___

Intraventricular or Spinal Shunt (v.p. shunt or Programmable v.p. shunt):-Yes___ No___

Hearing Aid/Dentures (remove before scan):-----Yes___ No___

Are You Pregnant:-----Yes___ No___

Any Other Implanted Item? If **YES**, please describe: _____

Please list the details of any item with a "YES" response (i.e, exact type of implant, model #, etc.): _____

- Note if you have a device card explaining the type of implanted device, please provide it with this form
- You will be asked to remove all jewelry, watches, hairpins or other hair ornaments, hearing aids, removable dental work. Purses, wallets, money clips, coins, and credit cards are not allowed in the M.R.I suite.

I have answered the above information to the best of my knowledge.

Student Signature _____ . Date _____

Technologist Signature _____ . Date _____