2908 E 26 St. ◆ Sioux Falls, SD 57103 ◆ 1-800-477-2899 ◆ 1-605-336-2638

Name _____ MR# _____

Date of Exam _____ Physician _____

Date of Birth _____ Weight _____ Height _____

Physician appointment on same day as MRI ___ Time _____

Type of MRI _____ Diagnosis _____

Circle "YES" if any condition applies to you, "NO" to all others:

1. Cardiac pacemaker, pacer wire, implanted fibrillator……. Yes No
2. Other implanted control devices (i.e. insulin pump, deep brain stimulators-DBS Yes No
3. Previous middle ear implant (i.e. stapes prosthesis, cochlear implants)…… Yes No
4. Any type of intravascular filter or stent (IVC filter, cardiac stent) …… Yes No
5. Aneurysm clips in head or neck (year and location clipping) …… Yes No
6. Currently undergoing dialysis ……..…… Yes No
7. Have you ever had a metal particles removed from your eyes by a physician…… Yes No
8. Artifical heart valve (year implanted) ……..…… Yes No
9. Surgical skin clips or other metal in the body (location)…… Yes No
10. Vascualr surgery within the past 6 weeks ……..…… Yes No
11. Claustrophobia ……..……..…… Yes No
    If "YES", do you have medication to take ……..…… Yes No
12. Are you currently pregnant or a nursing mother ……..…… Yes No
13. Previous spine surgery ……..……. Yes No

MRI screening form obtained by _____

**IF ANY O FTHE ABOVE QUESTIONS ARE ANSWERED "YES', PLEASE CONTACT MRI OR PAC PRIOR TO THE APPOINTMENT**.

If you wish to listen to music during your scan, please circle your preference:
Classical Easy Listening Country Rock FM Radio Station _____ Your own CD

**DO NOT ENTER THE SCAN ROOM WITH ANY OF THE FOLLOWING ITEMS:**

| | | | |
|---|---|---|---|
| -Removable dental work (dentures, partials) | -Pocketknife | -Hairpins/Barrettes | -Sanitary belt |
| -Coins | -Metal zippers/buttons | -Pens/Pencils | -Safety Pins |
| -Metal bra hooks/bra-girdle under wire | -Keys | - Jewelry (rings ok) | -Watch |

**ABSOLUTELY NO HEARING AIDS**

*Patient Signature* _____(I hereby sign that I have read this form in detail and understand what it says)