Medica Stand-Up MRI
of Atlanta

MRI PATIENT SCREENING

Name: _____ Date: _____ Weight: _____

Your doctor has scheduled you for a Magnetic Resonance Imaging (MRI) scan. The machine utilizes a magnetic field and radio frequency waves to obtain images. There are no known biological hazards.

Because of the presence of a magnetic field the following items should not be taken into the MRI room: Watches, coins, keys, knives, dentures, hair pins, pens, hearing aid, wallet, Jewelry, belt, phones, beepers or any other loose metal objects.

Do you currently have or have you ever had any of the following:	**Yes**	**No**	**Description**
A pacemaker?			
Any ear or eye implants?			
Is there a chance you have metal in your eyes?			
A brain aneurysm clip?			
Implanted Stimulators on nerves (T.E.N.N.S unit)?			
Any surgeries in the past six weeks?			
Any metal in your body such as pins?			
Surgical implants, shrapnel, bullets etc.?			
An insulin or infusion pumps?			
Artificial heart valves?			
Do you have tattooed eyeliner?			
IUD (intra-uterine device)			
Is there a chance of pregnancy?			
Are you claustrophobic?			
Are you wearing any medicated skin patches?			
Do you have only One Kidney?			
Kidney Transplant?			
Kidney Disease/Tumor?			
Dialysis?			
Liver Disease?			
High Blood Pressure?			
Are you over the age of 60?			
Are you diabetic?			
Others: Please list -			

- **How did you hear about us? _____TV _____Physician _____Internet _____Friend _____ Other: _____**
- **Have you attempted today's MRI at another facility? ____No ____Yes What facility? _____**

I have read the above information and answered the preceding questions to the best of my knowledge. I hereby give consent to have a MRI scan. I have directed all of my questions to my doctor of the MRI staff.

PLEASE NOTIFY THE RECEPTIONIST OR MRI TECHNOLOGIST IF YOU MARKED **YES** TO ANY OF THE ABOVE QUESTIONS.

_____ _____ _____

PRINT PATIENT NAME PATIENT'S SIGNATURE DATE