

OPEN MRI PATIENT SAFETY FORM



Name: _____
(Please Print)

Date of Birth: _____

Yes No (Please hold any questions for the MRI Technologist)

		Can you lie on your back for at least 45 minutes?
		Are you claustrophobic or afraid of small places?
		Have you ever been a machinist, welder, or metal-worker?
		Have you ever been hit in the face or eye with a piece of metal? (including metal shavings, slivers, bullets or BB's)
		Are you pregnant, possibly pregnant, or breastfeeding?

DO YOU HAVE ANY OF THESE ITEMS IN OR ON YOUR BODY?

Yes No Yes No

		Cardiac pacemaker/wires		
		Brain/Aneurysm Clip		
		Ear Implant/Inner Ear Surgery		
		Electrical Stimulator/Tens Unit		
		Implanted Medication Pump		
		Hearing aid		
		Artificial Limb/Joint/Prosthesis		
		Coil/Filter/Stent in blood vessel		
		False Teeth or retainers		

I acknowledge that I understand that I have a choice of where I have my scan done, that there are other MRI clinic suppliers in the area. Below is a list of those within 25 miles:

Name	Phone	Miles	Address	Type of MRI
Aspirus Clinic	715-423-0122	0.1	2031 Peach Street	Permanent/installed
Marshfield Clinic	715-424-8600	0.1	220 North 24th St S	Portable - Truck
Riverview Hospital	715-423-6060	2	410 Dewey St	Permanent/installed
Aspirus Clinic	715-344-1600	19	5409 Vern Holmes Drive, Plover	Portable - Truck
St Michaels Hospital	715-346-5000	20	900 Illinois Ave, Stevens Point	Permanent/installed
Klasinski Clinic	715-344-0701	20	500 Vincent Street, Stevens Point, WI	Portable - Truck

The following items may become damaged or cause injury in a strong magnetic field and MUST NOT BE TAKEN INTO THE SCAN ROOM:

Watch Safety Pins Hair Pins/Barrette Keys/Coins Pocket Knife Wallet/Credit Cards

If you take medication to help you relax during the exam, you must have a driver to take you home.

Are you going to take medication to help you relax during the exam? Yes No (if Yes, you must arrive 20 minutes early)

I acknowledge that I have read and completed the above safety form to the best of my knowledge.

Signature of Patient, Parent or Guardian

Date

Please bring this form with you to your examination.