



WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MRI procedure. **Do not** enter the MRI system room or MRI environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Radiologist **BEFORE** entering the MRI system room. The MR system magnet is **ALWAYS ON**.

ALL OUTPATIENTS MUST COMPLETE PRIOR TO HAVING AN MRI. You must provide a YES or NO answer for every item listed below. Do you have:

Cardiac Pacemaker, Defibrillator, Other Cardiac Implant or Artificial Heart Valve	Yes	STOP See Receptionist	No
Aneurysm Clips, Intracranial Bypass Clips, Renal Transplant Clips or Other Transplant Clips	Yes	STOP See Receptionist	No
Neurostimulator, Diaphragmatic Stimulator, Deep Brain Stimulator, Vagus Nerve Stimulator, Bone Growth Stimulator, Spinal Cord Stimulator or Other Bio Stimulator	Yes	STOP See Receptionist	No
Implanted Drug Pump (Insulin, Baclofen, Chemotherapy, Pain or Other Medication)	Yes	STOP See Receptionist	No
Tissue Expander (Breast or Other)	Yes	STOP See Receptionist	No
Implanted Gastroesophageal Linx (GERD Magnetic Reflux Beads)	Yes	STOP See Receptionist	No
Any Type of Wound Evacuation Drain or Pump (PICO Wound Pump)	Yes		No
Any Type of Internal Electrodes or Wires	Yes		No
Any Type of Coil, Filter, Stent or Shunt	Yes		No
Any Type of Electronic, Mechanical, Magnetic Implant, Cardiac Loop Recording Implant	Yes		No
Any Type of Surgical Staples, Clips, Metallic Sutures, Surgical Mesh, Radiation Seeds, or IUD	Yes		No
Any Type of Ear Implant, Middle Ear Prosthesis, Cochlear Implant, Stapes Implant	Yes		No
Any Type of Prosthesis - Eye, Penile, Cardiac, Eyelid Spring, Other:	Yes		No
Any Type of Injury by a Metal Object or Foreign Body (Bullets, Shrapnel, Birdshot, BB Fragments)	Yes		No
Worked with sheet metal or any machinery that produces metal shavings (i.e. drills, grinders)	Yes		No
Orthopedic Devices – Pins, Wires, Rods, Plates, Screws, Spinal Fixation Device, Artificial Limb, Joint Brace/Sleeve, Ankle/Wrist Weights	Yes		No
Vascular Access Port, Catheter, Port-a-Cath, Hickman, Midline or PICC Line	Yes		No
Dentures, False Teeth or Partial Plates	Yes		No
Removable Diaphragm, Pessary Device or Recently Ingested Pill Camera or Sitz Marker Capsules	Yes		No
Wig, Hair Implants, Weave, Clips or Extensions	Yes		No
Tattoo, Permanent Makeup, Body Piercing, Jewelry, Metallic/Magnetic Eyelashes or Make Up, Magnetic Nail Polish	Yes		No
Medication Patch (Nitroglycerin, Nicotine, etc.) or Glucose Monitoring Device	Yes		No
Hearing Aid (remove before entering MR scan room)	Yes		No
Electronic Monitor or Tagging Equipment (Fitbit, Ankle Monitor)	Yes		No
Diabetes, Kidney Disease or Hypertension Requiring Medication Therapy	Yes		No
Respiratory problems (not able to lie flat)	Yes		No
Pain or Tremors (not able to lie still/flat for long periods)	Yes		No
Claustrophobia	Yes		No

WHEN USED FOR PRE-INPATIENT TRANSPORT: Remove all prosthetic devices possible. Remove all dentures, hearing aids, jewelry, glasses, hospital dressing gowns that contain snaps. Flush and saline lock all IV lines as appropriate (time frame is approximately 1 hour). If the IV line is not able to be disconnected for that length of time, place IV on a rate flow regulator as appropriate.

Patient/Legal Representative Signature: _____ Date: _____ Time: _____ A.M./P.M.

If signed by other than patient, indicate relationship: _____ Reviewer: _____

STOP FOR ZONE 4 - MRI Safety Checklist reviewed and MRI Time Out completed prior to patient entering Zone 4 per hospital policy. Cleared by MR Technologist (please print name): _____

MRI SAFETY PRE-PROCEDURE ASSESSMENT AND CHECKLIST

PS 4300

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