

NON PATIENT MRI SCREENING FORM

PATIENT NAME: _____ ACCOUNT #: _____

I am accompanying the patient listed above who is having an MRI procedure performed. I plan to be in the MRI room with the patient during the procedure.

I understand that MRI uses a strong magnetic field and that I will be screened before I enter the MRI room. I understand that I cannot enter the room if I have any of the following:

- | | | |
|--|------------------------------|-----------------------------|
| • Pacemaker/ Heart Valve | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Aneurysm Clips in the brain | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Inner Ear Implants/ Hearing Aids | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Metal Fragments in one or both eyes | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Other certain types of metal implants in my body | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Penile Implants | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

I understand that I should **NOT** enter the MRI room if I am **PREGNANT** or if there is a possibility that I am pregnant

Prior to entering the MRI room, I understand that I must remove everything except my clothing. This includes cell phone, mechanical devices, purses, wallets, watch, credit cards, or anything containing metal.

CONSENT:

I have informed the technologist that I do not have any metallic devices such as a pacemaker, implant, cerebral aneurysm clips, or metallic foreign bodies in my eyes. I have answered these questions to the best of my knowledge and understand the information presented to me I have also informed the technologist that I am not pregnant at this time.

Non Patient Name (print)

Date: _____

Non Patient Signature

Technologist/Witness Signature: _____