

## Metal Safety

**Please tell us about EVERYTHING placed in or on your body, even if you have had MRI scans before.**

Many surgical implants and items are safe in the MRI scanner if we know in advance and adjust the MRI settings properly for your device.

### ELECTRONIC DEVICES

- Heart pacemaker
- Heart defibrillator
- Nerve stimulator
- Pain medication pump
- Diabetic insulin pump – disposable or permanent
- Cardiac recorder
- Removed? Date \_\_\_\_\_
- Other \_\_\_\_\_
- None**

### EVER HAD METAL IN EYE(S)?

- Yes
- Yes, but was removed
- Yes, but more than five years ago
- Yes, but have had MRI since metal in eye(s)
- Never**

### MAGNETS OR MAGNETIC MATERIALS

- Cochlear ear implant
- Cosmetic items (eyelashes)
- None**

### BONE SURGERY HARDWARE

- Joint replacement
- Pins
- None**

### SURGERY ON HEAD/EAR

- Inner ear reconstruction
- Stapes implant/replacement
- Aneurysm coil
- Aneurysm clip
- Shunt
- Tubes in ear(s)
- Other \_\_\_\_\_
- None**

### SPINE SURGERY HARDWARE

- Screws
- Plates
- None**

### OTHER ITEMS

- Wearing anti-odor clothing containing silver or copper fibers .....  Yes  No
- Colonoscopy (in past week) .  Yes  No
- Claustrophobic.....  Yes  No
- Pregnant/possibly pregnant...  Yes  No
- Breast tissue expander .....  Yes  No
- GI camera pill swallowed.....  Yes  No
- Penile prosthesis.....  Yes  No
- Kidney disease.....  Yes  No
- Diabetes.....  Yes  No
- Heart stent(s).....  Yes  No
- Other stent(s) .....  Yes  No
- Blood vessel coil, filter or graft.  Yes  No
- Heart valve replacement .....  Yes  No
- Medication patch .....  Yes  No
- Hearing aid(s).....  Yes  No
- Shrapnel or gunshot wound...  Yes  No
- Artificial limb.....  Yes  No
- New tattoo (2 weeks) .....  Yes  No
- Body piercing (other than ear) .  Yes  No
- Body modification implant(s)...  Yes  No
- Other implant:** \_\_\_\_\_



**Cell phones/electronic devices, credit cards and wallets are not allowed in the MRI environment. For safety reasons, you will change into MRI safe clothing. Your personal belongings will be secured in a locker.**

**I have read the above information and answered the questions to the best of my knowledge. If I had any questions regarding metal in this environment, I have asked the technologist.**

Signature of Patient, Parent or Guardian

Date

Signature of Interpreter

Date

### If you are receiving IV contrast (Gadavist), please read this carefully:

IV contrast used for MRI contains a metal called gadolinium. Although rare, a reaction to gadolinium contrast can occur in 1-2% of patients. Small amounts of gadolinium can stay in your body including the brain, bones, skin and other parts of your body for several months to years. It is not known how gadolinium may affect you, but so far studies have not found harmful effects in patients with normal kidneys. Some people with kidney problems who receive gadolinium can develop a condition with severe thickening of the skin, muscles, and other organs in the body (nephrogenic systemic fibrosis). If you have a history of kidney problems, we will screen you to see how well your kidneys are working before injecting gadolinium. Please ask your technologist if you have questions or would like a copy of the FDA Medication Guide for Gadavist.

## Patient Information

Give a brief description of your problems or symptoms:

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How long have you had these problems/symptoms?

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How did this happen? Were you injured? \_\_\_\_\_

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Have you had any surgery in this area?  No  Yes

When? \_\_\_\_\_

Have you had cancer?  No  Yes

If yes, list type and when: \_\_\_\_\_

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Chemotherapy?  No  Yes When: \_\_\_\_\_

Radiation therapy?  No  Yes When: \_\_\_\_\_

Have you had any prior imaging tests for your problems/symptoms?  X-rays  CT  Ultrasound

PET/CT  MRI  Bone scan

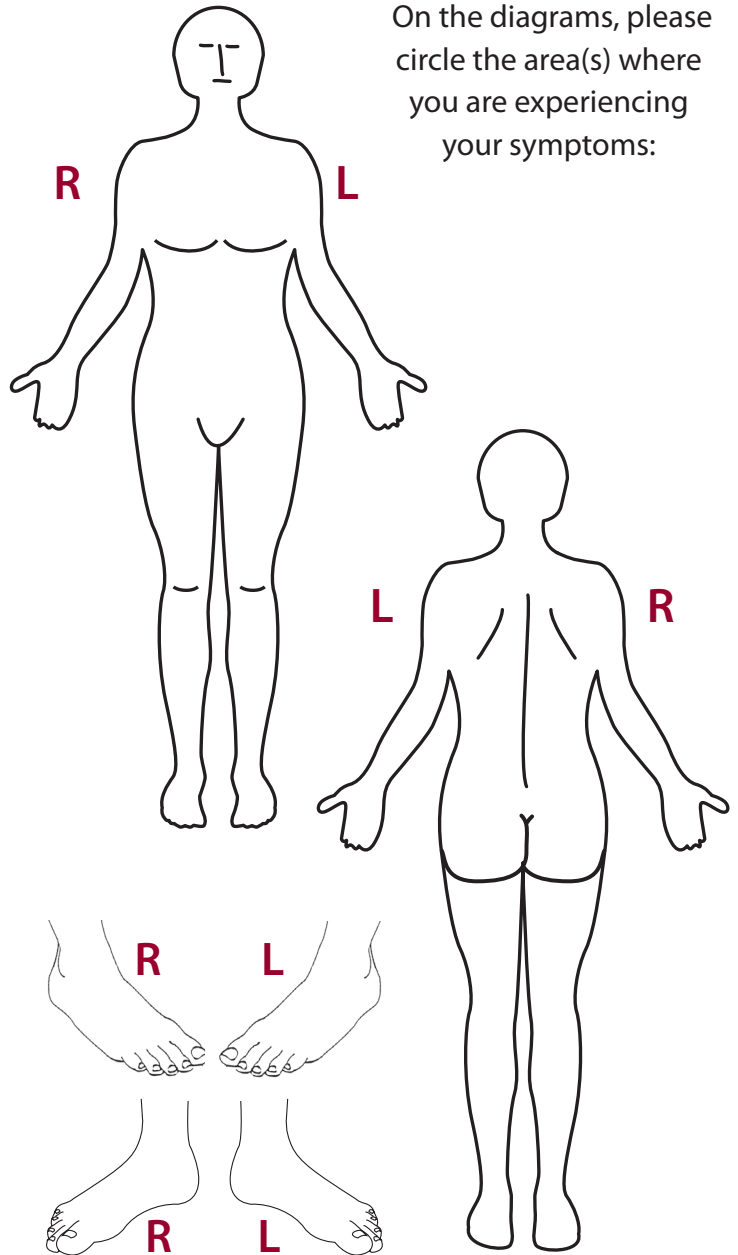
If yes, when and where? \_\_\_\_\_

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Patient's Weight \_\_\_\_\_



### OFFICE USE ONLY

<input type="checkbox"/> Gadavist	Lot/Exp _____	Dose _____	Time _____
	Inj Site _____	Gauge _____	Inj By _____
<input type="checkbox"/> Heparin	Lot/Exp _____	Dose _____	Time _____
	Inj Site _____	Gauge _____	Inj By _____
<input type="checkbox"/> Glucagon	Lot/Exp _____	Dose _____	Time _____
	Inj Site _____	Gauge _____	Inj By _____
GFR _____	Creatinine _____	Date _____	