Diagnostic Imaging at Baywalk

# THE FOLLOWING QUESTIONS ARE ESSENTIAL FOR THE QUALITY OF SAFETY OF YOUR MRI EXAMINATION.

**Do you have any of the following?**

- ☐ Yes ☐ No Do you have a history of chronic kidney disease or kidney failure?
- ☐ Yes ☐ No Cardiac Pacemaker / Pacemaker wires (whether or not they are attached to a pacemaker)
- ☐ Yes ☐ No Metal Fragments in the eye(s) EVER (sheet metal worker?)
- ☐ Yes ☐ No Artificial Heart Valves
- ☐ Yes ☐ No Cerebral Aneurysm Clips
- ☐ Yes ☐ No Intravascular coil/stents
- ☐ Yes ☐ No Insulin/Drug/Chemotherapy pump
- ☐ Yes ☐ No Trickle voltage pain suppressor or electrodes (TENS unit)
- ☐ Yes ☐ No Metallic ear (ossicle) implant
- ☐ Yes ☐ No Eye prosthesis, facial prosthesis or magnet implants
- ☐ Yes ☐ No Prosthetic joint (ie: hip or knee replacement)
- ☐ Yes ☐ No Orthopedic rods, screws, plates, nails, surgical staples
- ☐ Yes ☐ No Root canal, dental implants or braces
- ☐ Yes ☐ No Tattoos/tattoo eyeliner
- ☐ Yes ☐ No Intrauterine contraceptive devices (IUD)
- ☐ Yes ☐ No Pregnant or breast feeding
- ☐ Yes ☐ No Implanted bio-stimulator / neuro-stimulator
- ☐ Yes ☐ No Penile implants
- ☐ Yes ☐ No Hemolytic anemia or sickle cell anemia
- ☐ Yes ☐ No Hearing aid(s)/dentures
- ☐ Yes ☐ No Uncontrolled seizure disorder

Sometimes it is necessary to inject a special contrast material in the bloodstream to improve the sensitivity of the MR exam. This drug is safe, but a small number of patients may be allergic to this drug.

I acknowledge that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form (front and back). I have the opportunity to ask questions regarding the information on this form. I give consent for this examination, and if necessary, I give consent for an injection of contrast.

PATIENTS SIGNATURE________________________________________DATE:________________

Technologist Initials:________