

MRI SCAN SAFETY QUESTIONS

- | | | YES/NO |
|----|--|--------|
| 1 | Does the patient think they could be pregnant?
If YES and exam is urgent, obtain pregnancy test.
If known pregnancy enter EDD. | |
| 2 | Is the patient currently breastfeeding? | |
| 3 | Does the patient have a Cardiac Pacemaker?
If YES to the above question, please do not proceed with the request. Contact the Imaging Department. | |
| 4 | Does the patient have an artificial heart valve? | |
| 5 | Does the patient have an intracranial aneurysm clip? | |
| 6 | Has the patient ever had any surgical operations? | |
| 7 | Does the patient have a time release drug dispenser? | |
| 8 | Has the patient ever had any metal enter their body e.g. intraorbital metal, or worked as a welder? | |
| 9 | Does the patient have any artificial joints, screws, pins or plates for fractures? | |
| 10 | Does the patient have any implants?
If YES please specify Type, Manufacturer, Model and Serial No. | |
| 11 | Does the patient weigh over 18 stone (115kg)? | |

NAME:

Date:

CHI/D.O.B.

Signed: