WHITE PLAINS RADIOLOGY ASSOCIATES, P.C.

Name_____ Weight_____

PATIENT HISTORY AND SAFETY SCREENING

_____ CT SCAN DATE/PLACE _____

_____ MRI SCAN DATE/PLACE _____

_____ X-RAY OR ULTRASOUND DATE/PLACE _____

Are you pregnant?_____ YES _____ NO

Are you breast feeding? _____ YES _____ NO

The following items can interfere with magnetic resonance imaging and some may be hazardous to your safety. Please check the appropriate column for each of the following:

YES	NO	
_____	_____	IMPLANTED PACER WIRES
_____	_____	PROSTHESIS (Hip/Knee/Eye, etc.)
_____	_____	METAL WORK OR WELDING/AUTO BODY WORK
_____	_____	CARDIAC PACEMAKER/DEFIBRILLATOR
_____	_____	BRAIN CLIPS/ANEURYSM
_____	_____	VENOUS UMBRELLA
_____	_____	PESSARY
_____	_____	EYE INJURY (METAL FRAGMENTS)
_____	_____	OTHER METAL IMPLANTS (PLEASE EXPLAIN)
		_____
_____	_____	IMPLANTED NEUROSTIMULATOR SYSTEM
_____	_____	SHRAPNEL
_____	_____	HEARING AID
_____	_____	BODY PIERCING
_____	_____	INSULIN PUMP
_____	_____	I.U.D.
_____	_____	HEART VALVE OR STENTS
_____	_____	METAL MESH IMPLANT
_____	_____	PERMANENT EYELINER
_____	_____	EAR SURGERY/EAR IMPLANT
_____	_____	SICKLE CELL ANEMIA
_____	_____	PENILE IMPLANT
_____	_____	ANY HISTORY OF ASTHMA
_____	_____	ANY HISTORY OF RENAL DISEASE/DIALYSIS
_____	_____	TRANSDERMAL PATCHES
_____	_____	IMPLANTED DRUG INFUSION SYSTEM

TECHNOLOGIST CHECKLIST: ❒ ALL PATIENT JEWELRY REMOVED

❒ HAND HELD METAL DETECTOR USED ON PATIENT

The magnetic resonance imaging (MRI) procedure requires the use of a powerful magnet which will attract metal in or on your body. Therefore, you must remove **ALL** jewelry, watches, credit cards, removable dental work, hearing aids, glasses and clothing containing any metal parts before entering the scan room. Should you have any questions regarding any metal, either on or in your body, please ask your technologist before entering the MRI room.

Signature: _____ ____/____/____
Date

Witness:_____

PATIENT OR FAMILY MUST SIGN

888-976-7472