

HURON VALLEY SINAI HOSPITAL

Detroit Medical Center
1 William Carls Drive
Commerce MI., 48382

DEPARTMENT OF RADIOLOGY
(248) 937-3440

Magnetic Resonance Imaging
Safety Screening Form

Patient's name _____ Doctor _____ Date _____

1. Have you ever had an operation or surgical procedure of any kind? *Please list below*
NOTE: MRI scans cannot be performed within 8 weeks of any surgical procedure.

2. Do you have any aneurysm clips?Y____ N____

3. Hx of metal in eyes/ welding/ grinding/ or drilling of metals? Y____ N____

4. Have you had open-heart surgery? Y____ N____

5. A pace maker or defibrillator? Y____ N____

6. Are you pregnant or breast-feeding? Y____ N____

7. Do you have any of these items in your body?

◆ Ear or eye implant Y____ N____

◆ Any surgical implant: penile prosthesis/ IUD /diaphragm Y____ N____

◆ Electrical stimulator for nerves or bones Y____ N____

◆ Metal Shrapnel/ fragments/bullets/BB's/ or pellets Y____ N____

◆ Any surgical clips, staples, wire, mesh, sutures Y____ N____

◆ Orthopedic hardware (plates, screws, pins, rods, wire) Y____ N____

◆ Artificial limb or joint Y____ N____

◆ Implanted catheter or tube Y____ N____

◆ False teeth, retainers, or braces Y____ N____

◆ Body piercing (All pierced jewelry must be removed prior to scanning) Y____ N____

Have you ever had cancer? If yes, explain _____

What types of problems are you experiencing?