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CONSENT FOR MRI EXAMINATION

We require you to review this screening questionnaire prior to your test. Your MRI examination is a safe procedure. Metallic objects and devices can interfere with your test. We require you to remove all metallic objects and devices, turn off all cell phones/beepers prior to undergoing your test. Please be aware that the metallic field will erase credit cards and debit cards. Your personal belongings will be locked up prior to your test. Please mark ONLY the following items, which apply to you.

- Pacemaker or defibrillator, past or present
- Brain aneurysm clips
- Stapes Implant/Inner ear surgery
- Implanted infusion devices/pumps in your body
- Prosthetic heart valves
- Metallic stent in last 6 weeks
- Any surgery in the last 6 weeks
- Pregnant
- Intrauterine device (IUD)
- Penile Implant
- Spinal TENS unit (stimulator)
- Metal or shrapnel in body
- Body piercings
- Tattoos
- Permanent metal make up (eyeliner, lip liner, eye brows, etc.)
- Ever used a grinding wheel and ground metal, or have gotten metal in your eyes
- Any history of cancer in yourself
- Do you or have you ever smoked
- Allergy to latex
- Currently breastfeeding

I verify that I have read and marked the items that apply to me.

Patient Signature

Date

Weight _____

Printed Name

