



Patient Name: _____

Companion Name: _____

MRI CONSENT FOR PATIENT COMPANION

This form must be filled out by any person accompanying a patient in the MRI Room as Certain implants, devices or objects may be hazardous to you and/ or may interfere with the MRI procedure (i.e. MRI, MRI angiography, functional MRI, MRI spectroscopy). Do not enter the MRI system room or MRI environment if you have any questions or concerns regarding an implant, device, or object. Consult the MRI Technologist or Radiologist BEFORE entering the MRI system room. The MRI system magnet is ALWAYS on.

11. Are you pregnant? No Yes

Please indicate if you have any of the following:	
Aneurysm clip(s)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Cardiac Pacemaker	No <input type="checkbox"/> Yes <input type="checkbox"/>
Implanted cardioverter defibrillator (ICD)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Electronic Implant or device	No <input type="checkbox"/> Yes <input type="checkbox"/>
Magnetically-activated implant or device	No <input type="checkbox"/> Yes <input type="checkbox"/>
Neurostimulation system	No <input type="checkbox"/> Yes <input type="checkbox"/>
Spinal cord stimulator	No <input type="checkbox"/> Yes <input type="checkbox"/>
Internal electrodes or wires	No <input type="checkbox"/> Yes <input type="checkbox"/>
Bone growth/bone fusion stimulator	No <input type="checkbox"/> Yes <input type="checkbox"/>
Cochlear, otologic, or other ear implant	No <input type="checkbox"/> Yes <input type="checkbox"/>
Insulin or other infusion pump	No <input type="checkbox"/> Yes <input type="checkbox"/>
Implanted drug infusion device	No <input type="checkbox"/> Yes <input type="checkbox"/>
Any type of prosthesis (eye, penile, etc)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Heart valve prosthesis	No <input type="checkbox"/> Yes <input type="checkbox"/>
Eyelid spring or wire	No <input type="checkbox"/> Yes <input type="checkbox"/>
Artificial or prosthetic limb	No <input type="checkbox"/> Yes <input type="checkbox"/>
Metallic stent, filter or coil	No <input type="checkbox"/> Yes <input type="checkbox"/>
Shunt (spinal or intraventricular)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Vascular access port and/or catheter	No <input type="checkbox"/> Yes <input type="checkbox"/>
Radiation seeds or implants	No <input type="checkbox"/> Yes <input type="checkbox"/>
Swan-Ganz or thermo dilution catheter	No <input type="checkbox"/> Yes <input type="checkbox"/>
Medication patch (Nicotine, Nitroglycerine)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Any metallic fragment or foreign body	No <input type="checkbox"/> Yes <input type="checkbox"/>
Wire mesh implant	No <input type="checkbox"/> Yes <input type="checkbox"/>
Tissue expander (e.g. breast)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Surgical staples, clips, or metallic sutures	No <input type="checkbox"/> Yes <input type="checkbox"/>
Joint replacement (hip, knees, etc)	No <input type="checkbox"/> Yes <input type="checkbox"/>
Bone/joint pin, screw, nail, wire, plate. Etc.	No <input type="checkbox"/> Yes <input type="checkbox"/>
IUD, diaphragm, pessary	No <input type="checkbox"/> Yes <input type="checkbox"/>
Dentures or partial plates	No <input type="checkbox"/> Yes <input type="checkbox"/>
Tattoo or permanent makeup	No <input type="checkbox"/> Yes <input type="checkbox"/>
Body piercing jewelry	No <input type="checkbox"/> Yes <input type="checkbox"/>
Hearing aid	No <input type="checkbox"/> Yes <input type="checkbox"/>
(remove before entering MRI system room)	

Before entering the MRI environment or MRI system room, you must remove all metallic objects including hearing aids, keys, beeper, cell phone, eyeglasses, paper clips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools..

Please consult the MRI Technologist or Radiologist if you have any questions or concerns BEFORE you enter the MRI system room.

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedures that I am about to undergo. I acknowledge that DMI is not responsible for injury or damage that may occur to my body or any device, whether implanted or otherwise (including watches, hearing aids, or implanted medical devices) resulting from bringing such devices into the MR system room.

Signature of Person Completing Form: _____

Date: _____