Lawson Imaging 3T PET/MRI Facility Screening Form

The 3T PET/MRI has a very strong magnetic field that may be hazardous to individuals with certain metallic, electronic, magnetic or mechanical implants/devices. All individuals are required to fill out this form and have it reviewed by a Technologist/Operator BEFORE entering the magnet room. All subjects must change into clothing that has no metal fasteners or underwires and remove all metal on their person. Please be advised that the magnetic field is ALWAYS ON.

NAME: _____ HEIGHT: _____

DATE OF BIRTH: _____ WEIGHT: _____

Please answer the following questions:

- ❑ YES ❑ NO HAVE YOU HAD A PREVIOUS MRI?
- ❑ YES ❑ NO HAVE YOU EVER HAD A METALLIC OBJECT IN YOUR EYE?
- ❑ YES ❑ NO IS THERE ANY CHANCE YOU MIGHT BE PREGNANT?
- ❑ YES ❑ NO ARE YOU CLAUSTROPHOBIC?

Do you have any of the following?

- ❑ YES ❑ NO HEART PACEMAKER/WIRES/STENT/DEFIBRILLATOR/VALVES
- ❑ YES ❑ NO ANEURYSM CLIPS
- ❑ YES ❑ NO SHUNT/SURGICAL CLIPS
- ❑ YES ❑ NO SHRAPNEL/BULLETS
- ❑ YES ❑ NO DENTURES
- ❑ YES ❑ NO INTRA-UTERINE DEVICE (IUD)
- ❑ YES ❑ NO IMPLANTED DEVICES (EAR IMPLANTS, EYE IMPLANTS, PROSTHESES)
- ❑ YES ❑ NO MEDICATION PATCHES
- ❑ YES ❑ NO BODY PIERCING
- ❑ YES ❑ NO PERMANENT TATTOO/EYELINER

Please list any surgeries on the following:

- HEAD _____
- NECK _____
- SPINE _____
- CHEST _____
- ABDOMEN _____
- EXTREMITIES _____
- OTHER _____

I confirm that the above information is correct to the best of my knowledge. I have read and understood the contents of this form and have had the opportunity to ask questions regarding the information on this form.

Participants Signature:		Date:	
Technologist/Operator Signature:		Date:	