Weill Cornell Imaging

NewYork-Presbyterian Weill Cornell Medicine

T: 212-746-6000 | www.wcinyp.com | F: 646-962-0122

*Please bring all completed forms to your appointment*

*(Office use)*

## MRI: SCREENING FOR NON-PATIENT

Name_____ Date: _____

Patient Name: _____PH#: _____

Have you had an injury to the eye involving a metallic object? (e.g. metallic silvers, foreign body)?

Yes ☐ No ☐ If yes, please describe: _____

Have you ever been injured by a metallic object or foreign body (e.g. BB, bullet, shrapnel, etc.)?

Yes ☐ No ☐ If yes, please describe: _____

Are you pregnant or suspect that you are pregnant? Yes ☐ No ☐

**Please check YES or NO in the boxes below if you have any of the following items in your body:**

| | |
|---|---|
| Yes ☐ No ☐ Cardiac pacemaker or pacing wires | Yes ☐ No ☐ Cochlear, otologic, or other ear implant |
| Yes ☐ No ☐ External Cardiac monitor or wiring | Yes ☐ No ☐ Tissue expander (e.g., breast) |
| Yes ☐ No ☐ Implanted cardioverter defibrillator (ICD) | Yes ☐ No ☐ Implanted drug infusion device or Infusion Pump |
| Yes ☐ No ☐ Neuro-stimulator (Deep Brain Stimulator) | Yes ☐ No ☐ Aneurysm clip(s), When_____ |
| Yes ☐ No ☐ Other Stimulator: _____ | Yes ☐ No ☐ Prosthesis/Implant (eye, penile, limb, etc.) |
| Yes ☐ No ☐ Catheter or feeding tube | Yes ☐ No ☐ Artificial heart valve |
| Yes ☐ No ☐ Medication patch (Nicotine, Nitroglycerine) | Yes ☐ No ☐ Eyelid spring or wire |
| Yes ☐ No ☐ Any metallic fragment, foreign body, or bullets | Yes ☐ No ☐ Hearing aid (Remove before entering the MR room) |
| Yes ☐ No ☐ Surgical staples, clips, metallic sutures or wire mesh | Yes ☐ No ☐ Stent, filter, or coil |
| Yes ☐ No ☐ Bone/joint pin, screw, nail, wire, plate, etc. | Yes ☐ No ☐ Programmable shunt |
| Yes ☐ No ☐ IUD, diaphragm, or pessary | Yes ☐ No ☐ Hair Extensions |

**WARNING: Before entering the MR room, you must empty all items from all pockets and remove all jewelry. You must remove all metallic objects including HEARING AIDS, DENTURES, CREDIT/BANK CARDS, WATCH, CELL PHONE, keys, beeper, hair pins, barrettes, money clips, magnetic strip cards, metrocards, pens, pocket knife, nail clipper. Please consult the technologist if you have any questions or concerns BEFORE you enter the MR room.**

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

**Signature of Person Completing Form: _____ Date: _____**

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**(FOR OFFICE USE ONLY)**

Signature of Front Desk Staff: _____ Date: _____

Signature of Nurse/Technologist: _____ Date: _____