



Maryland MRI, L.L.C.

Screening Form for Guests Entering the MRI Room

CAUTION: The following items may be hazardous or may be damaged in an MR environment.

Please indicate if you have any of the following:

Aneurysm Clip(s)	Y / N	Intraventricular Shunt	Y / N
Artificial Limbs/ Joints	Y / N	Mechanical/Electrical/Magnetic Implants	Y / N
Biostimulator	Y / N	Neurostimulator	Y / N
Cardiac Defibrillator	Y / N	Pacing Wires	Y / N
Cardiac Pacemaker	Y / N	Pins/ Rods/ Screws/	Y / N
Clips/ Plates/ Wire Mesh	Y / N	Prosthesis (other than Limbs/Joints)	Y / N
Drug Infusion Device	Y / N	Shrapnel	Y / N
Hearing Aid	Y / N	Stent(s)	Y / N
Insulin Pump	Y / N	Swan-Gans Catheter	Y / N

	YES	NO
Are you pregnant or suspect that you may be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Do you work on metallic objects that may cause you to be exposed to metallic shavings?	<input type="checkbox"/>	<input type="checkbox"/>



Please Remove:

- Keys Magnetic strip cards such as bank cards, credit cards, security cards
- Beepers Cell Phones
- Watches Hearing Aids
- Paper Clips Other Metallic Objects (e.g. screws)

PRIOR to entering the MR room please speak with the MRI Technologist if you have any questions.

Print Name	Signature	Relationship to Patient	Date
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