




Ferry County Health

36 Klondike Rd • Republic, WA 99166


Name: _____ Birth Date: ____/____/____
Height: _____ Weight: _____ Diabetic or kidney problems? NO YES
Have you ever had surgery? NO YES If yes please list:

Have you ever had an eye injury involving metal? (Grinding, fabrication, etc.) NO YES
If yes please describe: _____

Are you pregnant and/or breastfeeding? NO YES

 **WARNING:** Some of the following items may be extremely hazardous to your safety and interfere with the MRI exam. Please circle YES or NO if you have the following.

- | | |
|---|--|
| NO YES Implanted Cardiac Pacemaker / Defibrillator | NO YES IUD, Diaphragm |
| NO YES Aneurysm clip or brain clip | NO YES Pessary or bladder ring |
| NO YES Carotid artery vascular clamp | NO YES Tattooed eye liner or eyebrows |
| NO YES Neurostimulator | NO YES Body piercings |
| NO YES Insulin or Infusion pump | NO YES Metal fragments |
| NO YES Claustrophobia | NO YES Cosmetic Surgery |
| NO YES Spinal Fusion Stimulator | NO YES Internal pacing wires |
| NO YES Cochlear Implant or Ear tubes | NO YES Aortic Clips |
| NO YES Prosthesis (eye, penile, etc.) | NO YES Venous Umbrella |
| NO YES Magnetic Implant (dental, etc.) | NO YES Metal or wire mesh |
| NO YES Heart Valve replacement | NO YES Wire sutures or staples |
| NO YES Artificial limb or joint | NO YES Harrington rods |
| NO YES Electrodes (on body, head or brain) | NO YES Screws, pins or nails in the bone |
| NO YES Intravascular stents, filters or coils | NO YES Wig, toupee or hair implants |
| NO YES Shunt (spinal or intraventricular) | NO YES Dentures (remove before scan) |
| NO YES Ports or catheters | NO YES Asthma or breathing disorder |
| NO YES Transdermal medicine patches (smoking, pain, etc.) | NO YES Seizures or motion disorders |
| NO YES Hearing Aids | |

 **IMPORTANT INSTRUCTIONS:** Remove all metallic objects before entering MRI including hearing aids, cell phone, keys, glasses, hair pins/barrettes, jewelry, watch, safety pins, money clips, credit/bank cards, and coins. Loose metallic objects are especially prohibited in the MRI environment. Please consult the MRI Technologist if you have any questions or concerns BEFORE your scan.

Patient/Legal Guardian Signature: _____ Date: ____/____/____

MRI Technologist Signature: _____