MRI SAFETY - VISITOR FORM

Date: __/__/____
Name: _______________________________________________________________

IMPORTANT INSTRUCTIONS:

Please consult with the MRI Technologist or the MRI Physicist if you have any questions or concerns BEFORE you enter the MR environment or MR system room.

For your safety, please indicate to a CCBBI staff member if you have ANY of the following BEFORE entering the MRI environment:

- Aneurysm Clip(s)
- Cardiac Pacemaker or Defibrillator
- Electronic Implant, Pump or Device
- Magnetically-activated implant or device
- Neurostimulation System
- Prosthetic Heart Valve
- Spinal Cord Stimulator
- Cochlear or Implanted Hearing Aid
- Metallic Stent, Filter or Coil
- Insulin or Infusion Pump
- Implanted Drug Infusion Device
- Any metallic Fragment or Foreign body
- Removable Hearing Aid or Dental Implants
- Any Battery-Powered Implant or Device
- Wire Mesh Implant
- Any Type of Prosthesis
- Any Type of Surgical Staples, Clips or Metallic Sutures

Do you have ANY of the items listed above?    ☐ Yes     ☐ No

Warning: The MR system has a strong magnetic field that can be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects.

CHECK THE BOX BELOW AND SIGN to acknowledge that you have read and understood the MRI safety content in this form.

☐ I attest that I understand the entirety of this form. I attest that I have had the opportunity to disclose any concerns to a CCBBI staff member and to ask questions regarding the information on this form.

Signature of person completing the form: __________________________________________

If visitor is under 18, legal guardian signature: _____________________________________