

CENTER FOR COGNITIVE AND  
BEHAVIORAL BRAIN IMAGING



MRI SAFETY - VISITOR FORM

Date:

Name:

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**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: \_\_\_\_\_