Name____Date_________________

Date of Birth______________Weight_____________

Please answer the following questions:

1. Have you ever had metal fragments in your eyes NO____YES____
2. Any possibility of being pregnant? NO____YES____

Have you had any Surgeries and/or implants in the following areas?

<u>HEART:</u>
Cardiac pacemaker, defibrillator, aortic clips, prosthetic heart valve, electrodes, internal pacing wires, intravascular coils, filters or stents? NO_____YES_____

<u>Brain or Vascular:</u>
Electrodes, shunts, aneurysm clips, carotid artery vascular clamps, vascular ports/catheters, intravascular coils, filters or stents? NO____YES____

<u>Otologic & Ocular:</u>
Cochlear, stapes or orbit/ear implants? NO____YES____

<u>Orthopaedic:</u>
Prosthesis, artificial limb, Harrington rods, bone/joint pins, screws, nails, wire, staples or plates? NO____YES____ Any surgery to the body part we are doing the MRI on? NO____Yes____

<u>Other Devices:</u>
Insulin pump, drug infusion device, bone growth/fusion stimulator, neurostimulator metal/wire mesh devices, IUD/diaphragm or implant held by a magnet? NO____YES____

<u>Miscellaneous:</u>
Tattooed makeup, body piercing, hearing aids or dentures? NO____YES____

<u>Symptoms:</u>____

Before your MRI, please remove all metallic objects including keys, hairpins, barrettes, jewelry, watch, money clip, credit cards, safety pins, coins, pens, belt & pocketknife.

Signature of Patient or Parent/Guardian______________________________________

Date__________________**Technologist Signature**_______________________________

Tidewater Orthopaedics complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.