MRI Safety Checklist: English

All MRI patients are required to complete this safety checklist. It's important that we know about any implantable device or metal that is in or outside of a patient's body. If a patient answers YES to any question, please call 919-782-7666 so our Scheduling Team can appropriately schedule the appointment. A preliminary x-ray may be needed to confirm it's safe to continue with an MRI exam. The patient is not charged for this x-ray.

Does the patient have or ever had:

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Ι.	Aneurysm clips or vascular (blood vessel) surgery?	[Yes] [No]	16.	History of an allergic reaction to MRI or CT contrast?	[Yes] [No]	
2.	Brain surgery?	[Yes] [No]	17.	Hair piece, wig or hair pins?	[Yes] [No]	
	PACEMAKER? If yes, type	[Yes] [No]	18.	Body piercings, magnetic nail polish,		
	Implanted cardiac defibrillator?	[Yes] [No]		magnetic eyelashes, tattoos or permanent makeup?		
5.	Heart surgery, (e.g., valves, stents)?	[Yes][No]	19	Medicated skin patches? Remove before	[Yes] [No]	
	Electronic implant or device?	[Yes] [No]	17.	entering MRI scan room.	[.es][.to]	
	Neurostimulator or spinal cord stimulator?	[Yes] [No]	20.	Joint replacement or implants?	[Yes] [No]	
8.	Insulin pump, glucose monitor or other	[Yes] [No]		Bone/joint pin, screw, plate, etc.?	[Yes] [No]	
	infusion pump	[Vaa] [N a]	22.	Orthopedic or prosthetic device?	[Yes][No]	
9.	Stents, filters, coils or shunts?	[Yes] [No]	23.	Spine surgery?	[Yes][No]	
10.	Eye surgery, implants or tattooed	[Yes] [No]		Tissue expanders (e.g. breast)?	[Yes] [No]	
	eyeliner?		25.	History of cancer? Type	[Yes][No]	
11.	Ear surgery, cochlear implants or	[Yes] [No]		Pregnant or breast feeding?	[Yes] [No]	
	other implants?			Date of your last menstrual period:		
12.	Gunshot or shrapnel injury?	[Yes] [No]	27.	Any removeable dental work or hearing a		
13.	Eye injury involving metal slivers or shavings?	[Yes] [No]		before entering MRI scan room.		
	Metal or grinding worker?	[Yes] [No]	28	Drug allergies?		
14.	Small bowel endoscopy camera?	[Yes][No]		Previous related MRI or CT study?		
15.	History of kidney failure or kidney disease?	[Yes] [No]	۷,	Where? When?		
	Are you on dialysis?	[Yes][No]	30			
	•		50.	Anything in or on your body that you were not born		
				with? If so, please notify the technologist.		

If the patient answered YES to any of these questions, call 919-782-7666 so WakeRad UNC REX can appropriately schedule the appointment.

Preparation for MRI/MRA/MRV Studies

- MRI/MRA/MRV: No prep is required.
- MRCP: No food or drink after midnight.
- Breast MRI: Prep is patient specific and instructions will be given at scheduling.
- Pelvis uterus/ovaries MRI: No food or drink 4-6 hours prior to exam.
- Pelvis Rectal: No food or drink 4 hours prior to exam.
- Enterography (MRI Abdomen/Pelvis): No food or drink after midnight. Patients should arrive I hour prior to scheduled exam to drink oral contrast in our office.

Pacemaker Reminder - The Biotronik Pro MRI Eluna and Entovis Pacing Systems are the only pacemakers that can be scanned in our outpatient offices. Please verify the device and leads on the patients pacemaker identification card. If the patient is scheduled for an MRI, MRA, or MRV exam is unsure about their device, please call our office at 919-782-7666.

Sedation Reminder - Our radiologists are uniquely able to provide IV sedation whether scheduled upfront or on-the-fly to patients who have concerns, anxiety or claustrophobia. If sedation is required, the patient must have a driver. Drivers must remain at our facility for the duration of the MRI study.

Scheduling; 919-232-4700 WakeRad.com

