

**Lawrence Memorial MRI Certificate Program
Admissions Pre-Screening**

Entering the MRI environment poses risks to persons with certain medical or electronic devices in or on your body. All applicants are required to complete the following form prior to admission to the MRI Program. Please answer all of the questions to the best of your ability. All applications will be reviewed by a program facilitator to ensure accuracy. A yes to any question may require additional research prior to your acceptance.

Please indicate if you have any of the following:

- Yes No Aneurysm clip(s)
- Yes No Cardiac Pacemaker
- Yes No Implanted cardioverter defibrillator (ICD)
- Yes No Electronic implant or device
- Yes No Magnetically-activated implant or device
- Yes No Neurostimulation system
- Yes No Spinal cord stimulator
- Yes No Internal electrodes or wires
- Yes No Bone growth/bone fusion stimulator
- Yes No Cochlear, otologic, or other ear implant
- Yes No Insulin or other infusion pump
- Yes No Implanted drug infusion device
- Yes No Any type of prosthesis (eye, penile, etc.)
- Yes No Heart valve prosthesis
- Yes No Eyelid spring or wire
- Yes No Artificial or prosthetic limb
- Yes No Metallic stent, filter, or coil
- Yes No Shunt (spinal or intraventricular)
- Yes No Vascular access port and/or catheter
- Yes No Radiation seeds or implants
- Yes No Swan-Ganz or thermodilution catheter
- Yes No Medication patch (Nicotine, Nitroglycerine)
- Yes No Any metallic fragment or foreign body
- Yes No Wire mesh implant
- Yes No Tissue expander (e.g. Breast)
- Yes No Surgical staples, clips, or metallic sutures
- Yes No Joint replacement (hip, knee, etc.)
- Yes No Bone/joint pin, screw, nail, wire, plate, etc.
- Yes No IUD, diaphragm, or pessary
- Yes No Dentures or partial plates
- Yes No Tattoo or permanent makeup
- Yes No Body piercing jewelry
- Yes No Hearing aid (*Remove before entering MR Room*)
- Yes No Other implant _____
- Yes No Breathing problem or motion disorder
- Yes No Claustrophobia

I attest that the above information is correct to the best of my knowledge. I have read and understand the contents of this form and had the opportunity to ask questions regarding the content. I understand the hazards of entering the MRI environment.

Printed name of the person completing this form: _____

Signature of the person completing this form: _____

Signature of the person reviewing this form: _____

For office use only:

MRI Safe: _____ Hold for additional information: _____ MRI unsafe: _____