

MRI SCREENING FORM

For Inpatients: Please complete this form with the patient and/or the patient's family and have them sign the form. Please fax to Kennestone #35593, Cobb #3511. At Douglas, please place on chart.

Patient Name _____ Date _____ Patient Weight _____

Please list any allergies you may have: _____

Warning: Certain implants, devices, or objects may be hazardous to you in the MR environment or MR scan room. Do not enter the MR environment or MR scan room if you have any questions or concerns regarding an implant, devices, or objects.

Please answer YES or NO to all of the following questions. If you have answered YES to any of the items below, DO NOT enter until you speak to the MRI personnel.

YES	NO	YES	NO

I attest that the above information is correct to the best of my knowledge. I have read or had this form read and/or explained to me, and I fully understand the entire contents of this form. I have had the opportunity to ask questions regarding the information on this form. I hereby voluntarily request and consent to the performance of the procedures being done.

Patient Signature Date Relationship to Patient

Nurse Signature Date / Time Technologist Signature Date / Time

For Pregnant Patients Only:

I understand that the described procedure involves the use of radiofrequency waves (MRI). To date, there has been no indication that the use of clinical MR imaging during pregnancy has produced harmful birth defects. I understand the potential risks and side effects if I am pregnant are unlikely but undetermined. I have been made aware of the alternative diagnostic options available (if any) and consent to the performance of the procedures being done.

Patient Signature Date Technologist Signature Date / Time

WellStar

AMC Kennestone Sylvan Grove
 AMC South North Fulton WGMC
 Cobb Paulding Windy Hill
 Douglas Spalding Regional WMG

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