BrightWay Imaging MRI PATIENT DATA SHEET

NAME:_____APPT. DATE:_____

PLEASE ANSWER (YES) OR (NO) TO THE FOLLOWING:

METAL IMPLANTS	□ YES □ NO _____	NEUROSTIMULATOR	□ YES □ NO
METAL PINS/SCREWS	□ YES □ NO _____	METAL JOINT REPLACEMENT	□ YES □ NO
PACEMAKER	□ YES □ NO	ANEURYSM CLIPS	□ YES □ NO
PREGNANT	□ YES □ NO	BRAIN SURGERY	□ YES □ NO
HEART SURGERY	□ YES □ NO	ARTIFICIAL HEART VALVE	□ YES □ NO
HARRINGTON ROD	□ YES □ NO	DENTURES	□ YES □ NO
EAR IMPLANTS	□ YES □ NO	HEARING AID	□ YES □ NO
INFUSION PUMP	□ YES □ NO	SHRAPNEL/BULLETS/SHOT	□ YES □ NO
TENS UNIT	□ YES □ NO	SHUNT/STENT	□ YES □ NO

CURRENT WEIGHT: _____

EMPLOYED AS A METAL WORKER? □ YES □ NO

METAL FRAG/SPLINTER IN: EYES □ YES □ NO

LUNGS □ YES □ NO

REGARDING THE BODY PART YOU ARE HAVING SCANNED TODAY:

PREVIOUS X-RAYS □ YES □ NO WHERE?_____WHEN_____

PREVIOUS CAT SCAN □ YES □ NO WHERE?_____WHEN_____

PREVIOUS MRI □ YES □ NO WHERE?_____WHEN_____

PATIENT/PARENT AUTHORIZATION

□ I **DO NOT** HAVE A PACEMAKER OR DEFIBULATOR.

□ I **DO NOT** HAVE METAL IN MY BODY.

□ I **DO** HAVE THE FOLLOWING METAL IN MY BODY:_____

□ I AUTHORIZE AN INJECTION OF A PARAMAGNETIC MATERIAL UTILIZED TO BETTER VISUALIZE THE STRUCTURE OF THE SCAN(S).

INFORM THE STAFF IF YOU ARE:

PREGNANT OR BREASTFEEDING	□ YES □ NO
HAVE ANEMIA OR ANY DISEASE THAT AFFECTS RED BLOOD CELLS	□ YES □ NO
HISTORY OF ASTHMA, CHRONIC BRONCHITIS OR EMPHYSEMA	□ YES □ NO
ARE YOU CURRENTLY ON RENAL DIALYSIS	□ YES □ NO
HISTORY OF KIDNEY FAILURE	□ YES □ NO

I HAVE CAREFULLY REVIEWED AND ANSWERED THE ABOVE TO THE BEST OF MY KNOWLEDGE:

_____ _____ _____

SIGNATURE OF PATIENT/PARENT | DATE | WITNESS