



CLEARVIEW OPEN MRI

Accredited by the American College of Radiology

ACCOUNT NUMBER _____ REFERRING PHYSICIAN: _____

PATIENT'S NAME: _____

GENDER: _____ HEIGHT: _____ WEIGHT _____ DATE OF BIRTH _____

IS YOUR ACCIDENT DUE TO AN AUTO ACCIDENT SLIP & FALL OTHER _____

DATE OF ACCIDENT: _____

PLEASE DESCRIBE YOUR SYMPTOMS: _____

PLEASE LIST ALL SURGERIES: _____

CAUTION

Magnetic resonance imaging (MRI) systems use strong magnetic fields and radio-frequency energy for imaging soft tissue in the body. Certain implants, devices, or objects may pose a hazard to individuals in close proximity to the magnet of the MRI system and/or may interfere with the MRI procedure.

PLEASE INDICATE IF YOU CURRENTLY HAVE ANY OF THE FOLLOWING:

Aneurysm clip(s)	Yes	No	Radiation seeds or implants	Yes	No
Cardiac pacemaker	Yes	No	Swan-Ganz or thermodilution catheter	Yes	No
Implanted cardioverter defibrillator (ICD)	Yes	No	Medical patch (transdermal)		
Electronic implant or device	Yes	No	(e.g., Nicotine, Nitroglycerine)	Yes	No
Magnetically activated implant or device	Yes	No	Any metallic fragment in eyes	Yes	No
Neurostimulator	Yes	No	Bullets	Yes	No
Spinal cord stimulator	Yes	No	Tissue expander (e.g., breast)	Yes	No
Bone growth/bone fusion stimulator	Yes	No	Surgical staples, clips, or metallic sutures	Yes	No
Internal electrodes or wires	Yes	No	Joint replacement (hip, knee, etc.)	Yes	No
Cochlear, otologic, or other ear implant			Bone/joint pin, screw, nail, wire, plate, etc.	Yes	No
(including hearing aid/stapes)	Yes	No	Intrauterine device (IUD), diaphragm,		
Insulin or other infusion pump	Yes	No	or pessary	Yes	No
Implanted drug infusion device	Yes	No	Braces, denture, or partial plates	Yes	No
Any type of prosthesis (e.g., eye penile)	Yes	No	Tattoo or permanent makeup	Yes	No
Heart valve prosthesis	Yes	No	Body piercing jewelry	Yes	No
Blood clot filter	Yes	No	Wig	Yes	No
Eyelid spring or wire	Yes	No	Claustrophobia	Yes	No
Artificial or prosthesis limb	Yes	No	Pregnant	Yes	No
Metallic stent, filter, or coil	Yes	No			
Shunt (spinal or intraventricular)	Yes	No			
Vascular access port and/or catheter					
(e.g., Broviac, Port-A-Cath, Hickman)	Yes	No			

***** PLEASE REMOVE ALL HEARING AIDS AND ALL JEWELRY *****

I hereby certify that the above questions have been answered truthfully and to the best of my ability and that I hold Clearview Imaging harmless thereof.

Patient/ Guardian Signature

Date