


**WOODSTOCK HOSPITAL**

Woodstock, ON

DIAGNOSTIC IMAGING

**MRI SAFETY SCREENING FORM**

PIN NUMBER

VISIT NUMBER

PATIENT LAST NAME

PATIENT 1ST NAME

PATIENT MIDDLE NAME

TELEPHONE

DOB DD MM YY

AGE

SEX

ONT HEALTH CARD NUMBER

FAMILY PHYSICIAN

**PLACE LABEL HERE**

**FOR OFFICE**

**USE ONLY**

**WARNING: Cardiac pacemakers, defibrillators, and other implants, devices or objects may be hazardous to you or MR personnel in the MR environment. DO NOT enter the MR area without being properly screened.**

**Non-Patient**

Name: \_\_\_\_\_

Details: \_\_\_\_\_

DO YOU HAVE:	YES	NO	DESCRIPTION OR COMMENTS
<b>Pacemaker or defibrillator (unable to image at WH)</b> pacemaker wires, implanted electronic devices, electrodes <b>(neurostimulators or bio-stimulators)?</b>			
<b>Surgical aneurysm clips</b> (Brain or other)?			
Stents, heart valve replacement, vascular (Umbrella) Filter, Carotid Artery Clamp?			
Ear implants or tissue expander (Cochlear or <b>Stapes Prosthesis</b> , Breast Expanders)?			
Previous <b>injury to the eye</b> involving metal? (Indicate if removed and if X-rays have been done)			
Imbedded metal, bullet, BB gun pellets or welding wounds?			
<b>Any implants</b> , artificial prosthesis or joints (including eyelid springs, penile, etc)? <b>Please list</b>			
Infusion or medication pumps? (eg insulin pump)			
Have you had a previous MRI? Which hospital?			
ALL previous surgery? (Including eye surgery) (Please indicate all types of surgery and dates)			

	YES	NO		YES	NO
Is there any chance you could be pregnant?			Are you breastfeeding?		
Removable dental work or hearing aids? (Remove)			Piercings or dermal implants? (Remove)		
Medication or nicotine patches? (Remove)			Hair piece or wig (Remove)		
Tattoo (permanent or temporary)?			Faraheme? Date of last dose:		

**Please remove ALL metal jewelry (watches, earrings, necklaces, bracelets, piercings)**

Allergies: \_\_\_\_\_

Weight: \_\_\_\_\_ pounds (lbs) or kilograms (kg)      Height: \_\_\_\_\_ Feet' Inches" or centimetres (cm)

SIGNATURE OF PERSON ENTERING MRI or SDM

IF SDM, PRINTED NAME AND RELATIONSHIP

DATE (MMM,DD,YYYY)

INFORMATION TAKEN OVER PHONE or VERBALLY BY

TECHNOLOGIST SIGNATURE



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**MRI PREPARATION AND INSTRUCTIONS**

EXAM	PREPARATION	DURATION
<b>MR Abdomen,</b> <b>MR Adrenals,</b> <b>MR Liver,</b> <b>MR MRCP,</b> <b>MR Pancreas,</b> <b>MR Pelvis</b> (not MR Pelvis MSK), <b>MR Abdomen and Pelvis</b> (combined)	<ul style="list-style-type: none"> <li>• Patients <b>MUST</b> arrive 20 minutes before their appointment time</li> <li>• Patient must not eat or drink for 4 hours prior</li> <li>• Take medications as usual, but medication patches may <b>NOT</b> be worn for MRI scan</li> <li>• All body piercings should be removed before arriving</li> <li>• Wear comfortable clothing with no metal</li> <li>• <b>See section below for SEDATION</b></li> <li>• <b>See section below for CONTRAST INJECTION as your exam may include an injection</b></li> </ul>	15 minutes up to 60 minutes
<b>All other MR exams</b> (not listed above)	<ul style="list-style-type: none"> <li>• Patients <b>MUST</b> arrive 20 minutes before their appointment time</li> <li>• Take medications as usual, but medication patches may <b>NOT</b> be worn for MRI scan</li> <li>• All body piercings should be removed before arriving</li> <li>• Wear comfortable clothing with no metal</li> <li>• <b>See section below for SEDATION</b></li> <li>• <b>See section below for CONTRAST INJECTION as your exam may include an injection</b></li> </ul>	15 minutes up to 60 minutes

**SEDATION**

Sedation or medication may be required for patients with anxiety, for pain management or claustrophobia at the ordering physician's discretion.

- This **MUST** be provided by the ordering Physician
- Patients receiving sedation are **NOT** to drive themselves and should be informed of restrictions (while sedated) by a Physician or Pharmacist
- It is recommended that sedation is taken 1 hour prior to appointment time depending on the sedation provided
- Patients should be given full instructions by the ordering Physician or Pharmacist

**CONTRAST INJECTION**

If IV contrast is required, patient must be capable of giving informed consent. If incapable, the substitute decision maker must accompany the patient. Please bring reading glasses, if necessary, to complete medical history questionnaire. Bring a written list of all current medications and allergies. An IV will be inserted by the MR technologist prior to the MR scan. An injection of Gadolinium contrast would then be administered during the exam.

Blood creatinine levels evaluated within 60 days of your MRI appointment are required if IV contrast is being given and you are any of the following, please discuss with your attending physician.

- Over the age of 60
- Diabetic or hypertensive
- Currently on dialysis
- Have a history of renal dysfunction

**POST-EXAM CARE AFTER AN INJECTION**

- If IV contrast was used, drink plenty of fluids (approximately 8 glasses of water) each day for the next 2 days, unless otherwise instructed by your attending physician
- Resume normal diet, medications and activity

**PLEASE CONTACT YOUR ATTENDING PHYSICIAN FOR ANY QUESTIONS REGARDING YOUR MEDICATIONS**

**To cancel or reschedule your appointment please call Central Bookings: 519-537-2381**

**For any questions regarding MR please call: 519-421-4233 extension 2050**