Advanced Shore Imaging Associates
2605 Shore Road
Suites 101 & 201
Northfield NJ 08225

MRI SCREENING FORM

Patient Name_____ **Date of Birth**_____

1. What is your present weight? _____
2. Is there any chance you may have had a metal fragment imbedded in your eye from working with a lathe or grinder while working with metal? Yes No
3. Is there any chance you may be pregnant? Yes No
4. Have you ever had ear, eye, brain and/or heart surgery? Yes No
5. Please give date and type of **any** surgery: _____
   _____
6. What is the reason for having this MRI? _____
7. These medical implants can interfere with MRI, please circle if you have any of the following:

Cardiac Pacemaker	*Metal Fragments/Screws/Plates*	*Brain Clips*
Insulin Pump	*Medication Patch*	*IUD*
Neurostimulator (Tens Unit)	*Hearing Aid*	*Cochlear Implants*

Signing below indicates that you have read and understand this form and have completed it to the best of your ability

Patient or Legal Representative Signature _____

TECH NOTES:

MAGNEVIST MULTIHANCE GADAVIST PROHANCE

20- ANGIO 22- ANGIO 23- BUTTERFLY

ANTICUBE ARM HAND R L _____ML _____LOT _____EXP

Creatinine_____ GFR_____

Tech Signature _____Date_____