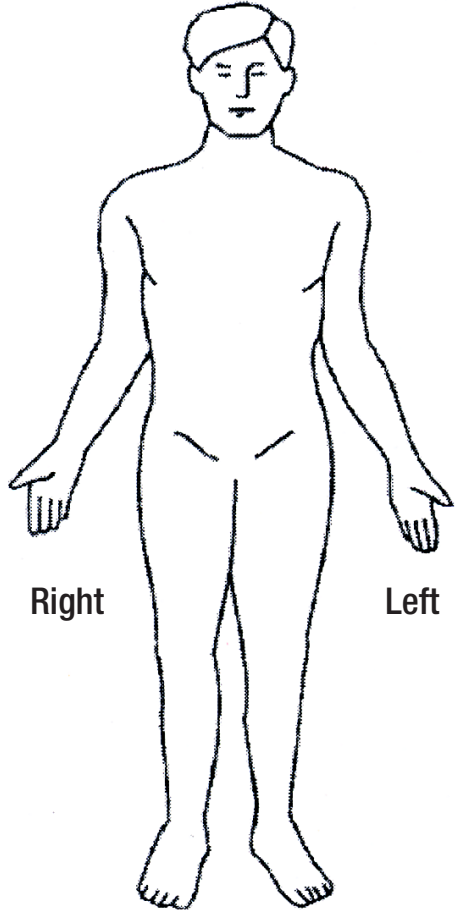


MRI Patient Screening Form

Patient Name: <i>(print first, last)</i> _____	Date: <u> </u> / <u> </u> / <u> </u>																																																																																										
Date of Birth: <u> </u> / <u> </u> / <u> </u>	Weight: _____																																																																																										
<p>The following items may interfere with MR imaging and be hazardous to your safety. Please indicate with a (✓) check mark if you have any of the following:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 5%; text-align: center;">YES</th> <th style="width: 15%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>Cardiac pacemaker</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Pacing wires (from previous pacemaker)</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Cerebral aneurysm clips</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Neuro or bio stimulator device</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Swan Ganz line (or 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