

**AURORA BREAST MRI ORANGE COUNTY
MRI SCREENING FORM**

DO YOU HAVE ANY OF THE FOLLOWING:

Cardiac pacemaker	Y / N	Cardiac defibrillator	Y / N	
Tissue expander/implant spacer	Y / N	Implanted insulin/chemo/infusion pump	Y / N	
Cochlear (ear) implant	Y / N	Prosthetic heart valve or replacement	Y / N	
Neurostimulator device	Y / N	Implanted epicardial pacemaker leads	Y / N	
Aneurysm clips	Y / N	IF YES, where: _____	Shrapnel/bullets	Y / N

DO YOU HAVE ANY OF THE FOLLOWING:

IUD/Diaphragm	Y / N	Removable dental work	Y / N
Metal fragments	Y / N	Metal rods, plates, screws, piercing	Y / N
Dentures	Y / N	Permanent (tattoo) eye-liner	Y / N
Hearing aid	Y / N	Artificial limbs	Y / N
Coronary stent / bypass clips	Y / N	Vena cava filter	Y / N
Previous surgery	Y / N	IF YES, what type: _____	

ARE YOU:

Claustrophobic	Y / N	Breast feeding	Y / N
Pregnant	Y / N		
A metal worker (or have you ever had metal in your eyes?)	Y / N		
If YES, was it removed by a doctor?	Y		

DO YOU HAVE ANY OF THE FOLLOWING:

High blood pressure	Y / N	Latex allergies	Y / N
Allergies	Y / N	IF YES, what type: _____	
Hormone replacement therapy	Y / N		
Date of last menstrual period:	____/____/____		

A personal history of:

RENAL (Kidney) DISEASE	Y / N	DIABETES	Y / N
Breast cancer	Y / N	IF YES, date: ____/____/____	
Breast surgery	Y / N	IF YES: What type: _____	Date: ____/____/____
Previous MRI	Y / N	With contrast	Y / N
		Any reaction to contrast	Y / N
		IF YES, what type: _____	

ACKNOWLEDGMENT OF RECEIPT OF INFORMATION

My physician has recommend that I undergo a Magnetic Resonance Breast Imaging study, and has explained to me the basis for that recommendation. I understand that there are certain contraindications to my having this test. These contraindications include the presence of certain (metal) devices/equipment in my body.

I have been informed by a clinic representative that I **MUST** be excluded from undergoing a MRI study if one or more of the following conditions exist with respect to my body:

The presence of ANY of the following:

- neuropacemaker
- cardiac pacemaker or defibrillator
- aneurysm clips (brain)
- implanted infusion pump
- cochlear implant
- neurostimulator
- tissue expander

I also have been informed by a clinic representative that I **MAY** be excluded from undergoing a MRI study if one or more of the following conditions exists with respect to my body:

The presence of ANY of the following:

- aneurysm clips in any other part of my body
- metal (e.g. wires or clips) in any part of my body
- Pregnancy

I have been informed of the above contraindications and safeguards and have been questioned about the presence of internal or external metal in my body.

I authorize Aurora Breast MRI of Orange County, LLC to perform my Magnetic Resonance Breast Imaging Scan.

Signed: _____

Date: _____