



Phone - (262) 395-4141

New Berlin - 12555 W. National Ave., Suite 100

www.aspenors.com

MRI Department at Aspen Orthopedic Specialists in New Berlin

Patient Name: Appointment date & time:
DOB: Ordering physician:
Current Height & Weight: Type of Exam:
Claustrophobic? Sedation Needed?

History and MRI Safety Screening Questions

IMPORTANT: ALL Glucose Monitors, Insulin Pumps, Patches MUST be REMOVED prior to your MRI scan!

- Cardiac Pacemaker or Defibrillator or Wires
Aneurysm Clips: Brain or Abdomen
Cochlear Implant/Stapedectomy
Insulin Pump/Glucose Monitors
Acute GI Bleed/Endoscopy clips placed in last 8 weeks
Deep Brain Neurostimulators
ANY SURGERY in past 6 weeks (date)
Do you currently or have you EVER worked with metal?
Have you had an injury to your eye involving a metallic object?
Orbit x-ray required?
Have you had any surgery of any kind?
Have you ever been diagnosed with cancer?
Have you ever had chemotherapy or radiation?
Are you pregnant, possibly pregnant or nursing?
Do you have any allergies to food, medicine or latex?
Coil/Filter/wire or stent in blood vessel
Artificial heart valve
Ear or Eye implant
Hearing Aide
Electrical stimulator for nerves/bone (TENS)
Bullets, BBs, pellets or shrapnel
Magnetic implant anywhere
Infusion pump
Artificial limb or joint
Tattoo
Implanted catheter or tube
Penile prosthesis
Shunt
False teeth, or removable bridges/braces
Diaphragm or IUD
Surgical clips, staples, wires or mesh
Orthopedic plates, screws, pins, rods, wires
Body piercings: MUST BE REMOVED!
Nicotine/Nitroglycerine/Pain/HRT-hormone patch

Technologist's History:
Initials: Date:

Aspen Interviewer's Signature: Date:

MRI Technologist's Signature: Date:

Patient's Signature: Date:

YOU MUST PRINT THIS FORM OUT AND BRING IT WITH YOU TO YOUR APPOINTMENT.
THIS FORM DOES NOT AUTOMATICALLY GET SENT TO ASPEN.
IF YOU DO NOT PRINT THIS FORM OUT, THE INFORMATION WILL BE LOST.