



Phone: (262) 395-4141

12555 W. National Ave., Suite 100, New Berlin, WI 53151

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? Yes No

Diagnosis: _____

Sedation Needed? Yes No

History and MRI Safety Screening Questions

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

- Yes No Cardiac Pacemaker, Defibrillator, or Wires?
 - Yes No Aneurysm Clips: Brain or Abdomen?
 - Yes No Cochlear Implant/Stapedectomy?
 - Yes No Insulin Pump/Glucose Monitors?
 - Yes No Acute GI Bleed/Endoscopy clips placed in last 8 weeks?
 - Yes No Deep Brain Neurostimulators
 - Yes No SURGERY in past 6 weeks (date) _____
- If YES, stop!** Op Note, MRI report or implant card is needed!

- Yes No Do you currently or have you **EVER** worked with metal? (grinding, welding, or any other metal work)
- Yes No Have you had an injury to your eye involving a metallic object? (metallic slivers, foreign body, etc.)
- Yes No **Orbit x-ray required?** _____

- Yes No Have you had any surgery of any kind?
If yes, type of surgery: _____
- Yes No Have you ever been diagnosed with cancer?
- Yes No Have you ever had chemotherapy or radiation?
- Yes No Are you pregnant, possibly pregnant or nursing?
- Yes No Do you have any allergies to food, medicine, or latex?

- Yes No Coil/Filter/wire or stent in blood vessel?
- Yes No Artificial heart valve?
- Yes No Ear or Eye implant?
- Yes No Hearing Aide?
- Yes No Electrical stimulator for nerves/bone (TENS)?
- Yes No Sleep apnea stimulator?
- Yes No Bullets, BBs, pellets or shrapnel?
- Yes No Magnetic implant anywhere?
- Yes No Infusion pump?
- Yes No Artificial limb or joint?
- Yes No Tattoo?
- Yes No Implanted catheter or tube?
- Yes No Penile prosthesis?
- Yes No Shunt?
- Yes No False teeth, or removable bridges/braces?
- Yes No Diaphragm or IUD?
- Yes No Surgical clips, staples, wires or mesh?
- Yes No Orthopedic plates, screws, pins, rods, wires?
- Yes No Body piercings: **MUST BE REMOVED!**
- Yes No 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.