**True Medical Imaging**

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**PRE-SCREENING FORM**

**DO YOU HAVE THE FOLLOWING?**

|  |  |  |
| --- | --- | --- |
| CARDIAC PACEMAKER | YES  | NO  |
| IMPLANTED DEFIBRILLATOR | YES  | NO  |
| HEART VALVE REPLACEMENT | YES  | NO  |
| CORONARY ARTERY CLIPS | YES  | N0  |
| ANEURYSM CLIPS FROM BRAIN SURGERY | YES  | NO  |
| BRAIN SHUNT | YES  | NO  |
| NEUROSTIMULATORS | YES  | NO  |
| EAR PROSTHESIS (COCHLEAR IMPLANTS) | YES  | NO  |
| ANY INTERNAL METAL FRAGMENTS | YES \_ | NO  |
| ANY SURGERY IN THE LAST SIX WEEKS | YES  | NO  |
| **ANY** IMPLANTED ELECTRONIC DEVICE | YES  | NO  |
| COUGHING | YES  | NO  |
| CLAUSTROPHOBIC | YES  | NO  |
| PREGNANT | YES  | NO  |
| IUD TYPE | YES  | NO  |
| **IF CONTRAST,** HAD LABS WITHIN 30 DAYS | YES  | NO  |

IF SO, WHAT DOCTOR , NUMBER IF YOU DID HAVE LABS PLEASE BRING A COPY OF THEM TO YOUR APPOINTMENT.

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE CONTACT OUR OFFICE AS SOON AS POSSIBLE TO SPEAK WITH A TECHNOLOGIST. IF YOU HAVE A CARD AND/OR DOCUMENTATION THAT STATES THE DEVICE IS MRI SAFE PLEASE HAVE THAT READY.

IF AT ALL POSSIBLE PLEASE WEAR LOOSE COMFORTABLE CLOTHING FREE OF METAL BUTTONS OR ZIPPERS AND TO PLEASE REMOVE ALL PIERCINGS AND JEWERY. FEMALES PLEASE WEAR A BRA WITHOUT UNDERWIRE OR METAL CLIPS.

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