



# 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 _____	NO _____
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 _____
<b>ANY</b> IMPLANTED ELECTRONIC DEVICE	YES _____	NO _____
COUGHING	YES _____	NO _____
CLAUSTROPHOBIC	YES _____	NO _____
PREGNANT	YES _____	NO _____
IUD TYPE	YES _____	NO _____
<b>IF CONTRAST, HAD LABS WITHIN 30 DAYS</b>	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 JEWELRY. FEMALES PLEASE WEAR A BRA WITHOUT UNDERWIRE OR METAL CLIPS.**