TRUE MEDICAL IMAGING

Patient Name:_____ Chart Number:_____

1. Have you ever had heart surgery?_____

   If so, what **month**, **date**, and **year**?_____

2. Do you have a pacemaker?_____

3. Have you ever had any form of Brain Surgery?_____

   If so, what **month**, **date**, and **year**?_____

4. Do you have aneurysm clips?_____

5. Are these aneurysm clips MRI safe?_____

6. Do you carry a card that specifies that the clips are MRI safe?_____

7. Do you have pacing wires?_____

8. Do you have Cardiac Valves that are not MRI safe?_____

_____ _____

Patient Signature Date

_____ _____

Technologist Signature Date

TO BE COMPLETED BY SCANNING TECHNOLOGIST