

DO YOU HAVE	YES	NO
1) Cranial Plate	_____	_____
2) Aneurysm clips	_____	_____
3) Removable dentures	_____	_____
4) Neurostimulators	_____	_____
5) Biostimulators	_____	_____
6) Artificial limbs or prosthetic devices	_____	_____
7) Pacemaker	_____	_____
8) Heart valve replacement	_____	_____
9) Bullets, shrapnel	_____	_____
10) Are you pregnant?	_____	_____
11) Are you Claustrophobic?	_____	_____

PATIENT CONSENT

My physician has referred me to **SOUTH COUNTY IMAGING** for an MRI (Magnetic Resonance Imaging). I have been informed that this examination has no known inherent risks except for patients who have a cardiac pacemaker, surgical clips on the arteries of the brain or metal fragments in the eyes. I do not have a cardiac pacemaker, surgical clips on the arteries in my brain or metal fragments in my eyes. I consent to have the MRI (Magnetic Resonance Imaging) Examination.

I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENTS AND CONSENT TO THE EXAMINATION AS EXPLAINED.

Patient's Signature _____ Date _____

NOTE: Reference FOOD, DRUG AND COSMETIC ACT as amended 1981, part 50, "PROTECTION OF HUMAN SUBJECT: INFORMED CONSENT"