Magnetic Resonance Imaging (MRI) uses radiofrequency waves and a strong magnetic field to provide clear and detailed pictures of internal organs and tissues. Using highly specialized equipment, the MRI exam can be tailored to address the particular medical question being asked by you and your physician.

Before your exam
- You will be required to complete an MRI screening form that your technologist will review prior to your exam. If your doctor has prescribed medication for sedation or pain for you to take prior to your MRI, you must complete the screening form **BEFORE** you take the medicine. If you would like to complete the form before arriving for your MRI appointment, you may print it from our website: [http://www.cooperclinic.com/radiology.html](http://www.cooperclinic.com/radiology.html).
- Most implanted devices are considered safe for MRI; however, there are a few devices that are not safe. If you have a pacemaker, defibrillator, or cerebral aneurysm clip, you will not be eligible for the exam. Please alert your physician if you have any of these devices. Additionally, devices implanted during surgery, such as cardiac stints, must be in place for at least 8 weeks prior to your MRI exam.
- There are no fasting requirements for most MRI exams. You may eat, drink, and take your medications as prescribed.
- If your exam is an MRCP (Magnetic resonance cholangiopancreatography) you will be required to abstain from food and drink 4 hours prior to your exam. MRCP is a relatively new technique for viewing the bile ducts, the pancreatic duct and the gallbladder. No contrast medium has to be administered for MRCP.
- Some MRI exams will require that you receive an injection of contrast. If you are above the age of 60 or have had kidney problems, it may be necessary to have blood drawn in the lab prior to the MRI to check your kidney function. **A previous history of kidney failure, dialysis, or liver transplant will prohibit you from receiving the contrast injection.** Please inform your physician and technologist of this prior to the exam.
- If you are claustrophobic and require sedation, you will need to make arrangements with your physician for the medication prior to your exam date. If you will be sedated, you must have a driver with you to take you home.

Day of your exam
- During your exam, you will be positioned on a table that will travel into an open-ended tunnel where you remain for the duration of the exam. The machine will be very loud. We will provide hearing protection for you.
- The MRI exam usually only lasts 15 minutes, but can take up to 45 minutes, depending on the type of exam you are receiving.

Should you have any further questions or concerns, please contact us at 1-800-333-1305 or 479-274-2805.
MRI Screening Form

Name: ____________________________ Date of Birth: ___________ Weight: ___________

Please indicate if you have any of the following applies to you by checking Yes or No.

Have you had prior surgery or an operation of any kind?  □ Yes □ No

If yes, please indicate the date and type of surgery:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Have you had a prior diagnostic imaging study or examination? (MRI, CT, X-ray, PET scan, etc) □ Yes □ No

If yes, please list (include date and facility):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Some MRI exams involve the use of intravenously injected contrast media (shot of dye). Though the use of this contrast is considered safe in most instances, there are a few circumstances that may prohibit you from receiving this injection.

Have you been diagnosed with renal (kidney) failure? □ Yes □ No
Have you ever undergone dialysis? □ Yes □ No
Are you a liver transplant patient? □ Yes □ No

Female Patients Only: Have you had a hysterectomy? □ Yes □ No

If no, please list the date of your last menstrual period: ____________________________

Magnetic Resonance Imaging (MRI) uses a powerful magnetic field to produce detailed images of the section of the body being examined. When you are in the procedure area, any metallic objects on or within your body could be affected by the magnetic field. Remove all metallic objects or objects that can be affected by the magnet before entering the MR environment or MR system room, including: hearing aids, beeper, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, steel-toed boots, shoes, and tools. Loose metallic objects are especially prohibited in the MR system room and MR environment. Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.

BE ADVISED: THE MR SYSTEM MAGNET IS ALWAYS ON.

Please turn to page 2 and complete the questionnaire.
PLEASE NOTE: Some of the following items may be hazardous to your safety and some can interfere with the MRI examination.

Do you have any of the following?

* □ Yes □ No Cardiac pacemaker
* □ Yes □ No Implanted cardiac defibrillator
* □ Yes □ No Aneurysm clip(s)
* □ Yes □ No Neurostimulator
* □ Yes □ No Bone growth/fusion stimulator
* □ Yes □ No Cochlear, otologic, or ear implant
* □ Yes □ No Any implant held in place by a magnet
□ Yes □ No Carotid artery vascular clamp
□ Yes □ No Insulin or infusion pump
□ Yes □ No Implanted drug infusion device
□ Yes □ No Any type of prosthesis (eye, penile, etc.)
□ Yes □ No Artificial limb or joint
□ Yes □ No Electrodes (on body, head, or brain)
□ Yes □ No Intravascular stents, filters, or coils
□ Yes □ No Shunt (spinal or intraventricular)
□ Yes □ No Swan-Ganz catheter
□ Yes □ No Transdermal delivery system (Nitro)
□ Yes □ No IUD or diaphragm
□ Yes □ No Tattoos or Tattooed makeup (eyeliner, lips, etc.)
□ Yes □ No Body piercing(s), (Remove before MRI)
□ Yes □ No Any metal fragments
□ Yes □ No Internal pacing wires
□ Yes □ No Metal or wire mesh implants
□ Yes □ No Pins, screws, rods, or any other hardware
□ Yes □ No Metallic fragments in your eyes
□ Yes □ No Hearing aid (Remove before MRI)
□ Yes □ No Dentures (Remove before MRI)
□ Yes □ No Pregnancy or breastfeeding
□ Yes □ No Allergic reaction to MRI contrast agent
□ Yes □ No Are you currently undergoing dialysis
□ Yes □ No Have you been diagnosed with Renal Failure

Other, please explain: ____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

I, the undersigned have answered the above questions accurately. I understand that all metallic objects including: jewelry, credit cards, eyeglasses, pins, watches, phones, pagers and dentures, must be removed prior to entering the MRI scan room. A secure location will be provided for my personal belongings. I also give my permission to undergo this exam and, if necessary, to receive the contrast injection that may accompany it.

Signature __________________________ Date __________________________
(Patient, parent, or legal guardian)

Reviewed by Technologist: __________________________

* Ineligible to have MRI Exam