

COLUMBUS CIRCLE IMAGING

A division of West Side Radiology Associates, P.C.

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Safety Screening Sheet

Name: _____

Age: _____

Weight: _____

DO NOT ENTER SCAN ROOM WITH THESE OR ANY MAGNETIC ITEMS:

Glasses-Removable Dental Work-Watch or Jewelry
Wallet-Credit Cards or Metro Cards -Money Clips
Pens- Pencils-keys-pocket Knife-Hair Pins-Barrettes
Under Wire Supports-Safety Pins

The following items may interfere with MRI imaging and some could be hazardous to your safety. please check yes or no to the questions below.

CARDIAC STIMULATOR OR PACEMAKER?	YES ___	NO ___
BRAIN SURGERY OR ANEURYSM CLIPS?	YES ___	NO ___
CAROTID ARTERY VASCULAR CLAMP?	YES ___	NO ___
NEURO OR SPINAL STIMULATOR?	YES ___	NO ___
ARTIFICIAL HEART VALVE?	YES ___	NO ___
INSULIN OR DRUG PUMP?	YES ___	NO ___
COCHLEAR (EAR) IMPLANT?	YES ___	NO ___
PENILE IMPLANT?	YES ___	NO ___
SHRAPNEL OR BULLETS?	YES ___	NO ___
EYE INJURY OR SURGERY?	YES ___	NO ___
REMOVABLE DENTURES?	YES ___	NO ___
ANY KIND OF METALLIC IMPLANT OR FRAGMENT	YES ___	NO ___
MACHINIST OR METAL WORKER?	YES ___	NO ___
RECENT TATOO?	YES ___	NO ___
DEFIBRILLATOR?	YES ___	NO ___
COULD YOU BE PREGNANT?	YES ___	NO ___
ARE YOU A NURSING MOTHER?	YES ___	NO ___
CONTRACEPTIVE DIAPHRAGM?	YES ___	NO ___

PATIENT'S SIGNATURE: _____ DATE _____