Magnetic Resonance Imaging (MRI) Consent Form

________________________________________
Patient Name

The presence of body piercing jewelry that is made from ferromagnetic or conductive material may cause uncomfortable sensations from movement or displacement that may be mild to moderate depending on the site of the body piercing. In extreme cases, serious injuries may occur. Because of potential safety issues, metallic body piercing jewelry should be removed prior to entering the MRI environment.

☐ I confirm have I have removed all my metallic or magnet objects, including keys, hairpins, barrettes, jewelry, watch, safety pins, paper clips, money clips, credit cards, coins, pens, belt, pocket knife to include any metal subcutaneous (beneath the skin) objects.

☐ I have answered all the questions on the MRI Screening Form to the best of my ability and understand that a possible injury could be a result of me withholding vital information.

I confirm with my signature below that I consent for an MRI.

________________________________________
Patient’s Signature  ______________________  Date

If unable to give consent, consent obtained from:

________________________________________
Parent/Legal Guardian’s Signature  ______________________  Date

________________________________________
Witness (MRI Technician)  ______________________  Date