

MRI SAFETY CHECKLIST / ESSENTIAL SAFETY CRITERIA

Prior to calling and booking an MRI appointment for ANY of your patients, please ensure you have asked the patient or primary care giver the following essential safety questions. This will help speed up the booking process and assist our staff in booking the patient in accurately and efficiently.

| | YES | NO |
|---|--------------------------|--------------------------|
| Does the patient have a Pacemaker? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the patient have any Aneurysm Clips / Coils / Filters? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there any possibility the patient could be pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the patient had vascular surgery in the past 6 weeks? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the patient have any implanted electronic devices or pumps etc? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the patient had surgery to the ears where ANYTHING has been inserted? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the patient have any drug infusion pumps / systems inserted or attached? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the patient had ANY metal in their eyes previously? | <input type="checkbox"/> | <input type="checkbox"/> |
| ANY other implanted devices? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the patient require assistance with mobility? If so, please describe (eg. wheelchair, walking frame): | <input type="checkbox"/> | <input type="checkbox"/> |

We appreciate your assistance in taking the time to have these questions answered prior to making the appointment. If you have any issues please feel free to contact Doctor Direct and they will be able to direct your enquiry to the appropriate department

Regards,
Hunter Imaging Group