



MRI BREAST PATIENT QUESTIONNAIRE SAFETY QUESTIONS

Patient Name: _____ Weight: _____ lbs DOB: ____/____/____ M or F

DO YOU HAVE A PACEMAKER/DEFIBRILLATOR? Yes___ No___ _____

Do you have any heart stents? Yes___ No___ _____

Did you ever have metal fragments or rust in your eyes/face/skin or near your spine? Yes___ No___ _____

Have you had any recent surgeries (6-8 wks)? Yes___ No___ _____

Have you ever had any brain surgery? Yes___ No___ _____

Have you ever had any eye surgery? Yes___ No___ _____

Have you ever had ear surgery? Yes___ No___ _____

Have you had any surgery or procedure that left any device, implant, stents, wires or catheter in your body? Yes___ No___ _____

Do you have a tissues expander implanted? Yes___ No___ _____

Do you have removable dentures? Yes___ No___ _____

Do you have any hearing aids in right now? Yes___ No___ _____

Do you have any body piercing/tattoos? Yes___ No___ _____

Do you wear any medicine patch? Yes___ No___ _____

Are you pregnant? Yes___ No___ () LMP? _____

Are you diabetic? Yes___ No___ bun _____ creat _____

Please note that due to hormonal changes in your breast tissue, your MRI should be done 7-10 days after the first day of your last menstrual period unless otherwise specified by your physician. If the date of your appointment does not fall within this window, please notify the technologist.

Patient Signature _____

Date: _____

Interviewer Initials _____

Technologist Notes: