

Foreign Body / Implant / Device MR Approval Form

St Vincents Riverside Southside Clay St Johns Imaging Center

Optimal Forbes Southside Clay Mandarin Westside St Johns Town Center Orange Park

Patient Name:

MMI:

Age:

This form is to be completed for metallic implants/devices and foreign bodies, which as a category, are not all MR conditional.

Type of MR exam:

Indication:

Ordering Clinician:

Tech Completing Form:

For *injuries involving metallic foreign bodies* : describe the nature/date of the injury, what the foreign material is made of (if known), whether the patient received medical attention and whether the foreign body was removed?

For *implants/devices*:

Type and purpose of implant/device:

Date of implantation and hospital name:

Physician who implanted device:

Manufacturer and model number of implant/device:

Other info:

Y	N	Has the patient undergone a MR exam since the injury or implant surgery?
Y	N	If yes, did the patient suffer any harm during the MR exam?
Y	N	Has the patient been refused a MR exam since the injury or implant surgery?
Y	N	Does the patient have the implant/device ID card?
Y	N	Device/implant researched on www.magnesource.com and/or www.mrisafety.com ?
Y	N	Device/implant manufacturer called or website consulted?
Y	N	Operative note from implantation surgery available?
1.5T	3T	Strength of MR magnet exam planned to be done on.
Y	N	Can the MR conditions for the implant/device be met on particular MR scanner?

It is the responsibility of the MR technologist to adequately research the foreign body, implant or device and present finding to the radiologist. It is the radiologist's responsibility to make the final determination of whether to proceed with imaging the patient. Scan into PACS this completed form, a copy of the implant/device MR card and any research material obtained while researching MR safety of the foreign body, implant or device in question.

PROCEED with MR exam

DO NOT PROCEED with MR exam

Radiologist's Signature

Printed Name

Date