



## **Imaging Center of Staten Island**

**65 Columbus Avenue, Staten Island, New York 10304 (718) 816-7007**

Patient's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

IF YOU ANSWER YES TO ANY QUESTIONS, TELL THE TECHNOLOGIST

1. Do you have a pacemaker? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Is there a possibility that you are pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do you have an artificial hip or other artificial joint, pins, plates and/or screws? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Do you have shrapnel in your body? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Do you have Dentures? Yes \_\_\_\_\_ No \_\_\_\_\_ Bridgework? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Do you have a hearing aide? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Have you ever worked or do you currently work with metal? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Are you wearing any foil-backed medicinal drug patches? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Do you have any tattoo that contain metallic ink? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Do you have a history of renal (Kidney) or liver disease? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Are you on dialysis? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Are you a diabetic? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Do you have a programmable shunt? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Do you have any pumping device being used? Yes \_\_\_\_\_ No \_\_\_\_\_
15. Do you have any implants containing copper wiring? Yes \_\_\_\_\_ No \_\_\_\_\_
16. Do you have a cochlea Implant? Yes \_\_\_\_\_ No \_\_\_\_\_
17. Have you had any surgery on your kidneys, i.e. Nephrectomy (removal of kidney)? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*Patients 60 years and older require bloodwork (BUN & Creatinine) if they are having a MRI with Gado (contrast)\*\*

I PROVIDED THE ABOVE INFORMATION AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE

\_\_\_\_\_  
Patient's Signature or Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date