MR Implants-Devices-Materials Documentation Form

Patient Name: _____ **DOB:** _____

Investigator(s) Name(s): _____

If you discover the patient has had a surgical implant-device or an accident involving potential metal, your questioning should start with:

1. What was the procedure or nature of the accident? _____
2. What kind of implant is it? _____
   a. Name of the manufacturer? _____
   b. What does it do? _____ _____
   c. What is it used for?_____
2. When was the procedure/accident? _____/_____/_____
3. Where was the procedure/accident? (hospital-ER) _____
4. Who did the procedure (surgeon..)? _____
5. If accident, were x-rays done and was metal removed?_____
6. Have you had an MRI since implant or accident? Yes No _____
7. Have you been refused for an MRI before? Yes No _____
8. Have you had x-rays since implant - accident? Yes No, Where?_____
9. Does the patient have an ID card for the implant-device-material ? Yes No _____

Once you have all of the answers to these questions, proceed with the following:

1. Look up the item in the current ***Reference Manual for Magnetic Resonance Safety, Implants, and Devices*** by Frank G. Shellock, Ph.D. or on the web site: **http://www.mrisafety.com**
2. Take the information to the Lead Technician and director of radiology and/or safety officer. They will be able to assist you.
3. You may need to:
   - contact the surgeon who placed the implant and request a copy of the operating room report
   - contact the hospital and get a copy of operative report
   - contact the hospital and get a copy and/or reports of x-rays/CT scans/MRI if applicable
   - contact referring physician or other physician(s) for possible information in office medical record
   - perform an x-ray and/or CT as per radiologist
4. The final responsibility of canceling or proceeding with the exam lies with the radiologist who should make an informed decision based on the information provided by the MR technician.

ACTIONS:

- Implant-Device-Material Name: _____
- Implant-Device-Material Manufacturer Name: _____
- Object category/purpose: _____
- Manufacturer contact information: _____
- Manufacturer contacted - documentation attached? yes no _____
- Implant-Device-Material ID card copied? yes no _____
- Is It safe in a 3.0 Tesla magnetic Field? yes no _____

Final Decision: [ ] DO NOT PROCEED with MRI, [ ] PROCEED with MRI

Decision approved by radiologist: _____ Date: _____

Signature(s) of Investigator(s): _____

This Form will be attached to the patients MR safety screening form for permanent record.