Figure e-1. Example of a simplified MRI clearance form

MedStar Washington
Hospital Center

Code One MRI Safety Questionnaire

Fill out the form completely and bring to MRI with the patient.
Failure to properly fill out this safety questionnaire can delay the patient's examination.

The following devices are contraindicated for imaging with MRI — Proceed to CT
If known, does the patient have any of the following? *(Please check appropriate box — Yes or No)*

Pacemaker	☐ Yes	☐ No
Defibrillator	☐ Yes	☐ No
Aneurysm clip	☐ Yes	☐ No
Cochlear implant	☐ Yes	☐ No
Orbital foreign bodies	☐ Yes	☐ No

The patient has no contraindicated implants:

☐ **Per Radiologist radiograph interpretation**

☐ **Per NIH Stroke Team physician radiograph interpretation**

The following require consideration prior to imaging with MRI
If known, does the patient have any of the following? *(Please check appropriate box—Yes or No)*

Swan-Ganz catheter*	☐ Yes*	☐ No	Other metallic implant or device ***If Yes, Specify:* ☐ Yes*** ☐ No
Medication patch*	☐ Yes*	☐ No	
Spinal cord stimulator**	☐ Yes**	☐ No	
Neurostimulation system**	☐ Yes**	☐ No	
Insulin or other infusion pump**	☐ Yes**	☐ No	Pregnant ☐ Yes ☐ No

Remove medication patches and Swan-Ganz catheters prior to imaging

**The Stroke Team physician will make the determination if and where the patient will be imaged*

Comments:

Confirmation by person completing this form:

_____   _____   _____
Signature   Date   Time

_____
Print Name

Form information reviewed by:

_____   _____   _____
Signature   Date   Time

_____
Print Name

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