

# MRI Postal Safety Screening Checklist

If you answer YES to any of these questions please contact the department on 0151 604 7317 BEFORE your scan as it may be postponed for safety reasons.

Name:	
Date of Birth:	Weight:

Question	Y or N	Comments
Do you have a cardiac pacemaker or artificial heart valve?		
Do you have any aneurysm clips; ear or eye implants; stents or a shunt?		
Have you ever had surgery on your brain or heart?		
Have you had any surgery within		

the past six weeks?		
Have you EVER had metal fragments in your eye?		
Have you any shrapnel, bullets or foreign bodies within you?		
Have you got a breast tissue expander?		
<b>For women –</b>  Are you or could you be pregnant?		
<b>Patient Signature</b>	<b>Staff Signature &amp; Date:</b>	

**PLEASE REMOVE ALL JEWELLERY PRIOR TO ATTENDING FOR YOUR MRI APPOINTMENT**