



**Imaging**  
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**Visitor MRI Safety / Consent Form**

Please complete this required form.

*Orthopaedic Surgery Specialists is the registered business official name of OSS.*

Patient Name Last First M.I. Date of Exam MM/DD/YYYY

Vistor Name Last First M.I. Reason Accompanying the Patient / Relationship

**Box 1 IMPORTANT.** Please mark **Yes** or **No** so we can make sure the **MRI DOES NOT INTERFERE** with your **SAFETY**.



If you have a **PACEMAKER, DEFIBRILLATOR, ANEURYSM CLIP** or **ANY OTHER IMPLANT LISTED IN THIS BOXED SECTION, DO NOT ENTER THE MRI ROOM. Tell the Imaging Technologist now.**

**Do you have** any of the following **INSIDE your body?**

Heart **pacemaker** (cardiac pace maker including the wires)  Yes  No

**Defibrillator** for your heart (ICD - cardiac defibrillator)  Yes  No

**Pump** or **device** to infuse drugs (pain pump)  Yes  No

**Implant** in the **ear** (cochlear, otologic)  Yes  No

Do you **work** with **metal** routinely?  Yes  No

**Metal in your eye** because of an injury  Yes  No

**Metallic fragment** or **foreign body** (bullet, needle) in your head, face, neck or body  Yes  No

**Neurostimulator**  Yes  No

**Device** implanted to **expand breast** (or other) tissue  Yes  No

**Stimulator** implanted for **bone growth** or bone fusion  Yes  No

**Prosthesis** or **implant** in the **eye, penile,** etc. (eyelid spring or wire)  Yes  No

**Aneurysm clip** or a **shunt** implanted because you had brain / spine surgery  Yes  No

Section 2

**Do you have** any of the following **INSIDE your body?**

**IVC Filter** or **venous umbrella** to prevent DVT  Yes  No

↳ Yes, Card Submitted?

**Magnetically activated implant** or **device**  Yes  No

↳ Yes, Card Submitted?

**For Females:**

Are you **pregnant** or possibly pregnant?  Yes  No

Section 3

**Do you USE** or **WEAR** a...?

Any **body piercing jewelry** (the belly button, nose)  Yes  No

**Artificial limb** (prosthetic)  Yes  No

**Hearing aid, dentures, or glasses**  Yes  No

This section shows your acknowledgement and consent of the the MRI safety rules at OSS Imaging. Please initial.

I will **change into a gown**, if directed. I may be able to stay in my street clothes. The technologist will tell me.

I will **wear ear plugs**. During the MRI, I will wear this hearing protection because the machine will make loud noises.

I will **remove all metal** before I enter the MRI room.

↳ **I MUST remove:** Hearing aid, dentures, partial plates, eyeglasses, artificial limb, medication patch, TENS unit, jewelry, brace or bra with underwire or wire clip. I must lock up my personal belongings into the OSS dressing room locker. Keys, pager, cell phone, hairpins, barrettes, jewelry, watch, safety pins, body piercing jewelry, money clip, credit card, magnetic strip cards, coins, paper clips, pens, pencils, paper clips, pens, pocket knife, and nail clipper. I will keep valuables at home as I understand that OSS is not responsible for them.

**VISITOR CONSENT.** Before entering the MRI room, you must **REMOVE** all **METAL** listed below. Failure to inform Orthopaedics Surgery Specialists of implants or metals inside of your body may cause serious bodily injury or be life threatening. By proceeding with the MRI after discussing metal (possible or confirmed) in your body with the MRI Technologist, you agree to release Orthopaedics Surgery Specialists from any and all liability for any injury. Certain implants, devices or objects may be hazardous to you and/or may interfere with the MR procedure. Do not enter the MR system room if you have any questions or concerns regarding an implant device or object. The MR System magnet is always on. I attest that the above information is correct to the best of my knowledge. I have read and understand the entire consents of this form and have had the chance to ask questions regarding the information on this form.

Visitor Name:

Visitor Name

Signature + Date

OSS Imaging Team Member (Witness):

Visitor Name

Signature + Date