



# Drs. Van Rensburg & Partners SA Inc.

DIAGNOSTIC RADIOLOGISTS / DIAGNOSTIESE RADIOLOË

## MRI SAFETY QUESTIONNAIRE

Surname: \_\_\_\_\_ Initials: \_\_\_\_\_

First Name: \_\_\_\_\_ Age: \_\_\_\_\_

D.O.B: \_\_\_\_\_ I.D. No.: \_\_\_\_\_

Patient Code: \_\_\_\_\_

Ref Doctor: \_\_\_\_\_

Requested Examination: \_\_\_\_\_

Date of Study: \_\_\_\_\_

**Do you have any of the following?**

Cardiac pacemaker

Brain or aneurysm clips

Neurostimulator

Heart surgery

Joint replacements/prostheses

Shrapnel

Hearing aids

Dentures

Any other foreign metal

YES	NO

**If YES, please provide details**

---



---



---



---



---



---



---



---

**Have you removed your?**

Jewellery/watch

Cell phone/coins/credit cards


---



---

**Female Patients**

Is there a chance that you  
may be pregnant?

--	--

---

**DATE:**

\_\_\_\_\_

**RADIOGRAPHER:**

\_\_\_\_\_

**SIGNATURE:**

\_\_\_\_\_