



**SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM**  
**CHECKLIST FOR SCREENING MRI PATIENTS**

Name:	
NRIC/Passport No.:	RN:
Ward/Clinic:	Weight:
Date:	Tel:

Please indicate (✓) in appropriate column, whether or not the patient has the items indicated

	YES	NO
1. Cardiac pacemaker		
2. Prosthetics valve, if Yes, please specify _____		
3. Known intraocular foreign body or history of eye injury		
4. Cochlear implants (ENT)		
5. Neurotransmitter (brain/spinal cord 'pacemaker')		
6. Bone growth stimulators		
7. Implantable drug infusion pumps		
8. Cerebral surgical clips/wire		
9. Joint/limb prosthesis of metallic ferromagnetic materials		
10. Shrapnel or bullet fragment (any of the body)		
11. Any operation in the last 3 month? If Yes, please specify _____		
12. Any previous MRI examination?		
13. Have you ever experienced claustrophobia?		
14. Dental implant (held in the place by a magnet)		
15. Any implanted ferromagnetic materials ('susuk' or etc .....)		
16. Pregnancy (1 <sup>st</sup> trimester)		
17. Allergic to drug or contrast media		
18. Blood Urea: .....		
19. Serum Creatinine: .....		

Name & signature of requesting doctor/specialist

Name & signature of patient/parents/guardian

RADIOLOGY USE ONLY	Doctor / Radiologist	Radiographer	Staff Nurse
Counter checked by:			

Relatives accompanying must comply with items listed above  
Prohibited items: Watches, magnetic cards (credit/ATM cards) and any ferromagnetic and metallic materials.