

MRI Screening Form

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To the Medical Director of
Midtown Clinic Medical Corporation

※ Please complete with a pen ※

ID :	
Name :	

1 Information regarding the MRI exam

Magnetic Resonance Imaging (MRI) uses strong magnetic fields, and radio waves to align the hydrogen atoms in your body to generate images. MRI does not use X-rays, so there is no risk of radiation exposure. Tesla (T) is the unit of measurement on the International System of Units that defines the strength and direction of the MRI's magnetic field. At the Nihonbashi Muromachi Mitsui Tower Midtown Clinic, we use a 3.0 Tesla MRI.

Magnetic fields and radio waves generally are not harmful to the human body. **However, metal on the surface of your skin or inside the body not only affects the clarity of the images generated, but the metal can become heated or cause other harm.** Please review and complete this screening form to ensure the exam is performed safely.

2 What you can expect during the exam

Before entering the MRI room, we will screen you for any metal you may have forgotten to remove using a metal detector and go over the screening form you completed in advance. You will be directed into the exam room, where we will place a radiofrequency receiver called the surface coil on the area of interest. You will then lie down on a movable table that will enter the long, narrow, tube-like machine. The machine will generate loud noises and vibrations during the exam, which are not harmful to the human body. However, if loud noises or small spaces make you uncomfortable, please let us know beforehand. Because we will be taking images from various angles and shades, the exam can take up to 20-30 minutes and, in some cases, can last longer. **If you feel any discomfort, such as heat, numbness, or nausea, press the emergency buzzer to notify the staff.**

3 Items that are prohibited in the MRI room

The following items can become damaged or cause burns. Please remove them before the exam.

[Metal objects (glasses, jewelry, hearing aids, wigs), electronic devices (mobile phones, watches), magnetic stripe cards, colored contacts, nicotine patch (Nicotinell TTS), nitroglycerin patch (Nitroderm TTS), wearable medical devices (e.g. continuous glucose monitor)]

4 Pre-exam checklist (Complete before the exam to ensure the exam is performed safely)

1 Do you have any metal dental hardware? ☐ YES ☐ NO

If YES, what kind of metal dental hardware?

[Magnetic dentures → **We cannot perform the MRI**
Dental implants, braces, orthodontic wires → We can perform the MRI if you can confirm one of the following
☐ My dentist has approved the exam
☐ I have done a 3.0 Tesla MRI exam before]

2 Do you have tattoos or wear permanent makeup? ☐ YES ☐ NO

If YES, please read the following:

Some of the pigments used in tattoos and permanent makeup contain iron and other magnetic metals, which may cause the following during the MRI exam.

■ Skin burns or stinging sensation
■ Deformation or discoloration of the design] → ☐ I acknowledge the risks and agree to the MRI

3 Wearing decorations using magnetic materials (magnets and metals) (* magnet nails, mirror nails, nail decorative parts, magnetic false eyelashes, etc.) ☐ YES ☐ NO

For those who select "Yes" in 3 above, individuals with magnetic nail art such as magnet nails or decorations that trigger a response from a metal detector cannot undergo an MRI scan. (However, for magnetic eye makeup, you can undergo the scan if you remove the magnetic parts before the test.)

4 Are you claustrophobic (have a fear of enclosed spaces)? ☐ YES ☐ NO

5 Contraindications

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If you check YES to any of the following, we cannot perform the MRI.

- | | | | | | |
|---|--|--------------------------|-----|--------------------------|----|
| 1 | I have a cardiac pacemaker or implantable cardioverter defibrillator (ICD) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2 | I have a cochlear implant or other hearing implants | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3 | I have an adjustable pressure shunt valve (cerebral ventricular shunt) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 4 | I have a nerve stimulator or other implantable electronic devices | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 5 | (For women only) I am pregnant or possibly pregnant | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

6 Additional safety questions (Complete before the exam to ensure the exam is performed safely)

If any of the following apply, like having metal in your body from past surgeries, we may not be able to perform the MRI.

- | | | | | | |
|---|---------------------------------------|--------------------------|-----|--------------------------|----|
| 1 | I have metal aneurysm clippings/coils | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2 | I have stents | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3 | I have an artificial heart valve | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 4 | I have endoscopic clippings | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
- ※ If you had your polypectomy at the Tokyo Midtown Clinic or the Nihonbashi Muromachi Mitsui Tower Midtown Clinic, we can perform the exam because we use clippings compatible with MRI.
- ※ If you had the procedure elsewhere, it has to be at least a month before we can perform the MRI. If you wish to have it sooner, we can do an X-ray (for an extra 1,500 yen) to see if the clip has exited the body.
- | | | | | | |
|---|---|--------------------------|-----|--------------------------|----|
| 5 | I have metal implants from orthopedic surgery (Location: _____) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 6 | Other metallic objects (_____ , Location: _____) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

If you checked YES to any of the items above, please provide the following details.

- Date of surgery/procedure (_____ year _____ month) ※ **We cannot perform the MRI if the heart/arterial stent has been placed within the past six**
- Type of metal used (*please specify by circling the appropriate material from below*)
- | | | |
|---|----------------------------|--|
| [| Titanium or ceramic | → You may take the MRI |
| | Other (_____) or unknown | → We can perform the MRI if you can confirm one of the following |
- ☐ My doctor has approved the exam
- ☐ I have done a 3.0 Tesla MRI exam before

I have had sufficient opportunity to discuss this exam and have the knowledge upon which to base an informed consent to this exam.

I have read the above information and consent to this exam, or as a parent or guardian, consent to this exam on the individual for whom I am responsible.

【Signature of Patient】

Date: _____ YY _____ MM _____ DD Time: _____ : _____ Name: _____

【Signature of guardian/ proxy】

(※) If the patient cannot sign the form or is under the age of 20

Date: _____ YY _____ MM _____ DD Time: _____ : _____ Name: _____ Relationship to patient: _____ (_____)

Contact Info (TEL) : _____ - _____ - _____

看護師・放射線技師
確認者サイン (印)