

RESEARCH IMAGING NSW

MRI Safety Screening Form

MRN: Address	D.O.B Height (cm):		
Address	Height (cm):		
	Height (cm):		
	Height (cm):		
Weight (Kg):			
A booking has been made for an MRI scan at Research Imaging NSW on	n:		
Date: Time:			
	· at · c · · · · · · ·		
Please email this completed form to the study coordinator. Please also br The MRI Scanner has a very strong magnetic field that is ALWAYS ON. It room with certain metallic, electronic, magnetic or mechanical devices, im and sign this form BEFORE entering the MRI room.	It can be hazardous to all inc	lividuals ente	ring the MRI
Please answer the following questions and if you answer yes to anything questions, please contact the MRI unit at			