**MRI Safety: Pre Anesthesia Timeout Form**

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To be completed by the MRI technologist prior to anesthesia induction to ensure that the patient has been screened properly for any possible contraindication to the MRI environment, and that the proper equipment is in place and functional.

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* **YES** Correct patient?
* **YES** Correct exam/protocol?
* **YES** MR screening form vetted appropriately for contraindications?
* **YES** The following screening questions have been verbalized with patient or family member:
* Do you have any metal or medical devices implanted in your body?
* Do you have a pacemaker?
* Do you have a hearing aid?
* Have you any injuries where metal or shrapnel was left in your eyes or body?
* **YES** Patient fits appropriately?
* **YES** MR monitoring equipment is operational and in place?
* **YES** All equipment necessary for MR exam is validated for its’ condition of use in the

MRI environment?

DATE OF SERVICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PATIENT IDENTIFICATION:

Name:

MRN:

**I acknowledge that I have completed all the required screening tasks listed above, and will complete the required MRI safety timeout prior to entering Zone 4.**

 TECHNOLOGIST (PRINT):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_