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**For safety purposes please be prepared to provide information about the following:**

1. Has the patient ever had a metallic foreign body in the eye? (If yes, an eye X-ray may be required.)
2. Does the patient have:
  - cardiac pacemaker, wires or defibrillator? (**ABSOLUTE CONTRAINDICATION**)
  - cerebral aneurysm clip? (**ABSOLUTE CONTRAINDICATION**)
  - ocular (eye) or cochlear (ear) implant? (**ABSOLUTE CONTRAINDICATION**)
  - artificial cardiac valve? If yes, make and model?
  - electrical stimulator for nerves and bones?
  - any kidney disease or diabetes? (If yes, blood work may be required)
  - shrapnel/bullets?
  - stent, coil, catheter, filter, or a shunt? If yes, make & model?
  - orthopedic hardware (pins, rods, screws, nails, plates, or wires)?
  - any other implanted device?
  - dentures, partial plate or braces?
  - tattoo or tattooed eyeliner?
3. Has the patient had recent surgery? If yes, when and for what?
4. Is the patient pregnant or nursing?
5. Is the patient claustrophobic?
6. How much does the patient weigh? (max. weight allowed 350 lbs)

**The following items must be removed before entering the MR scan room**

- removable dental work
- body piercing
- hair accessories (including wigs)
- jewelry (including watch)
- wallet, coins, credit cards
- eye glasses
- brassiere
- any other metallic object
- any excessive mascara
- all patches (nicotine or nitrol)