

MRI Device Safety Form

Date: _____

To: _____ Attn: _____

Tel# _____ Fax: _____

Ms. _____ DOB: _____

has been referred to Breast Care Specialists, L.L.C. for a breast MRI.

She has informed us of surgery and / or implantation of a medical device performed by you. Before proceeding with the ordered study we must ensure the safety of device in a 1.5 Tesla magnetic field strength. Please furnish the following information:

1. Date of surgery: _____

2. Device Name: _____

Manufacturer: _____

Model #: _____

Serial #: _____

3. Statement confirming it is safe for this patient to undergo MRI in a 1.5 Tesla magnet. Attach documentation confirming device safety at MRI field strength of 1.5 Tesla.

_____, M.D.

Please return to: Breast Care Specialists, LLC
MRI Department
fax: 404-531-4961
tel: 678-732-1223