

MRI Waiver

MRI Unit

New York State Psychiatric Institute

Dept. of Psychiatry

RE: Intrauterine Birth Control Device (IUD)

I have the following IUD (Please put a check next to brand/model)

Hormonal - ___ Mirena ___ Skyla ___ Kyleena ___ Liletta ___ Jaydess

Copper - ___ Paragard ___ Mona Lisa ___ Flexi-T

If Other, please list _____

The Above IUDs have been deemed MR Safe or conditionally MR safe by their respective manufacturers. The brands and models listed above are approved for scanning in environments that fall within the field strength and spatial gradient strength of our scanner. At this time **only the brands and models listed above are approved.**

I, _____, do hereby acknowledge that I have one of the IUDs listed above and have provided verification provided by my doctor. I have been made aware of any risks, as well as safety procedures, and I agree to undergo an MRI scan.

Participant's Signature: _____

Printed Name: _____

Date: _____

Coordinator's Signature: _____

Printed Name: _____

Date: _____