



Surgical Procedure Information

_____ has signed up to participate in a research MRI scan at the **Lane Neuroimaging Lab** at the *HealthEmotions Research Institute* (HERI) at the University of Wisconsin. A preliminary screening has indicated the following surgical procedure was done:

Surgical procedure _____

Date of procedure _____

To ensure safety, HERI is asking for confirmation that there are no implanted devices or hardware as a result of the surgical procedure.

Was a device or hardware implanted? Yes No

If yes, please list the specific device name, model number, and serial number (to be filled out by subject or clinician, verified by physician signature below):

Device name: _____ (Not Known)

Device model number: _____ (Not Known)

Device serial number: _____ (Not Known)

I certify that the above information is correct.

Physician Signature _____ Date _____

PRINT Physician Name _____ Date _____

More than one implanted device; please see additional form

Please **FAX** completed form to **(608) 238-1473** Attn: MRI Research
OR mail to: Lane Neuroimaging Lab
6001 Research Park Blvd, Madison, WI 53719