

Exhibit G

MRI SAFETY DOCUMENTATION FORM

Participant ID# _____

Date: _____

Name: _____

DOB: _____

Telephone # _____

Physicians

1) _____

contact# _____

2) _____

contact# _____

3) _____

contact# _____

4) _____

contact# _____

Location of surgical

procedure: _____

Date of implantation: _____

Implant type _____

Manufacturer/model _____

Copies of any pertinent documents attached.

TA Notes:

- **Name of person/persons/ contacted**
- **Details of conversation**
- **Time/date of conversation**

