

Diagnostikakliinik

VORM

Information sheet / consent for magnetic resonance imaging (MRI)

Please read the form carefully and fill out the questionnaire as accurately as possible to ensure the procedure is safe and high-quality.

Name:..... Personal code:.....

Bodyweight:.....

MRI does not use ionizing radiation. The images are produced via strong magnetic field. During the 20-60 minute procedure (time dependent on the region of interest) You will have to lie completely still. Every movement distorts the images and can lower the quality of them, which in turn complicates the doctors' interpretation of the images and possible pathologies may not be noticed. During the procedure You will hear different sounds of varying volumes. To suppress the sounds coming from the machine, You will be given a pair of headphones or another way to suppress the sounds (e.g. earplugs). If medically necessary contrast media will be injected into You via intravenous cannula. The contrast media will help to highlight certain pathologies or to rule them out. MRI contrast media does not contain iodine and is easily tolerable.

Please fill out the questionnaire:

Have You had any surgical procedures or operations?: ☐ Yes ☐ No

Have You had any trauma to the eye? (e.g. metal shavings, metal pieces) ☐ Yes ☐ No

Have You ever been injured by a metal object? (e.g. bullet, shrapnel) ☐ Yes ☐ No

Are You allergic to any medication? ☐ Yes ☐ No

If You answered yes, please specify.....

Only for women:

Are You pregnant? ☐ Yes ☐ No

Are You currently breastfeeding? ☐ Yes ☐ No

Do You have any vascular clips, stents, coils, etc. in your body? ☐ Yes ☐ No

Do You have a cardiac pacemaker? ☐ Yes ☐ No

Do You have any internal electrodes or wires? ☐ Yes ☐ No

Do You have an insulin pump or any other medical pump? ☐ Yes ☐ No

Do You have a joint or a bone prosthesis or any screws, wires and/or fixators in bones? ☐ Yes ☐ No

Do You have any metallic stents, filters? ☐ Yes ☐ No

Do You have any shunts (e.g. brain, vascular)? ☐ Yes ☐ No

Do You have any other miscellaneous metallic pieces
or foreign bodies in Your organism? ☐ Yes ☐ No

Do You have any tattoos or permanent makeup? ☐ Yes ☐ No

Do You have any hearing aids or a cochlear implant? ☐ Yes ☐ No

Do You have any other electronic implants or devices? ☐ Yes ☐ No

Are You claustrophobic? ☐ Yes ☐ No

Do You have any involuntary movements or muscle spasms? ☐ Yes ☐ No

Do You have any respiratory diseases
(e.g. asthma, bronchial asthma, COPD, etc.)? ☐ Yes ☐ No

Do You have any kidney diseases or renal deficiency? ☐ Yes ☐ No

NB! Before You enter the MRI machine, You must remove any items containing metal: hearing aids, dentures, jewelry, glasses, pins, watches, hairclips, wallet contents (cards etc.), cellphones, coins, keys and other metallic objects that can be removed. All personal items can be left in the changing room which is under lock and key.

I hereby confirm, that I have read this form and completely understand its contents.

If medically necessary, I CONSENT ☐/DO NOT CONSENT ☐ to contrast media injection.

The form was filled out by: patient ☐, patients relative ☐, referring physician ☐, other medical practitioner ☐

Name and signature of the questionnaire filler:

Date:/...../.....