

Patient identification code:

Date of MRI scan:

MRI scan performed by
(Medalp staff member):



Dokumentsprache: **D_E_F_I_N_L_R_U_S_S**

Dear patient,

Your primary care physician has referred you to us for a magnetic resonance imaging (MRI) scan. You should read this page carefully before answering the questions printed below. If you have any further questions, please contact our assistant medical technicians or your physician.

■ What is a magnetic resonance imaging (MRI) scan?

Magnetic resonance imaging is a procedure used to scan the body without X-rays. Powerful magnetic fields generate high frequency radio waves during the examination. Electromagnetic signals arising from the body are then measured and evaluated by a computer. The scan is completely painless, and damaging long-term effects from the procedure have not been detected until now.

■ What does the scan involve?

Our MRI facility consists of a so-called open system, meaning that the patient does not have to lie in an enclosed tube or tunnel.

The scan takes 15-30 minutes, depending on the part of the body under examination.

During the scan you will lie on a completely open examination table and hear loud thudding noises.

It is very important that you lie completely still because even slight movements will blur the image.

In certain cases a contrast medium may have to be injected into a vein to improve visualisation of the organs or tissues under examination.

The contrast agent used is usually tolerated very well and only very rarely leads to an allergic reaction.

Should an intravenous injection prove necessary, this may cause an effusion of blood and in very rare cases lead to an infection.

Please answer the following questions by placing a cross ('x') in the appropriate boxes. This will help us to assess whether you are at a higher degree of risk prior to the scan.

1. Have you ever had an MRI scan? Yes No
2. Do you have any allergies or are you allergic to any forms of medication? Allergic reactions to MR contrast agents have only been detected on very rare occasions until now. Iodine allergies will not affect you taking part in the scan. Yes No
3. Do you have a heart pacemaker or medication pump? Yes No
4. Do you have any implants or artificial replacements (e.g. middle ear implants, artificial heart valves or hips)? Yes No
5. Do you have any metal parts or slivers in or on the body (e.g. from body-piercing)? Yes No
6. Have you ever had a heart or head operation? Yes No
7. Do you have tattoos or wear permanent make-up? Yes No
8. Is there any chance you may be pregnant? Yes No
9. How much do you weigh?

Have you ever been operated on or injured in the area that is to be scanned?

I hereby confirm that I have read and understood the above text, and have answered the questions accurately to the best of my knowledge. I consent to the proposed MRI scan.

Name of Patient

Date

Signature of Patient

Name & Signature of Physician / MRT