

MRI information



MRI scan does not use x-rays but is based on magnetic field. According to our knowledge there are no known harmful substances being released into your body. In some cases, the injection of contrast agents is necessary. Contrast agents are usually well tolerated. Allergic reactions are very unusual.

Last Name: _____ First Name: _____

Date of birth: _____ Weight: _____ kg Height: _____ cm

- | | yes | no |
|---|--------------------------|--------------------------|
| 1. Are you wearing a pacemaker/defibrillator ? (MRI is not possible for pacemaker patients!) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have any implants, prostheses or metal parts in your body? (for example: vascular prostheses, vascular clips, dental prosthesis, metallic splinters hearing aid, cochlea implantat, insulin pumpe)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have tattoos or permanent make-up? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had heart surgery or head surgery? Stent? Since when? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you already had surgery in the region to be examined? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you wearing a neurostimulator or medication pump? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are there any metallic splinters in your eyes or in your body? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had an MRI before? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Could you be pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. If the doctor deems it necessary, do you agree to an intravenous administration of a contrast medium? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you suffering from a kidney disorder? | <input type="checkbox"/> | <input type="checkbox"/> |

Keep this questionnaire with you until you are called for your investigation.

I have no further questions and consent to the investigation.

Lahnstein, _____

Signature: _____

