

MAGNETIC RESONANCE IMAGING (MRI) INFORMATION SHEET AND QUESTIONNAIRE FOR PATIENTS

Orientation:

Magnetic resonance imaging (MRI) is a non-invasive diagnostic technique which produces a series of detailed images of the body and its organs, thereby providing valuable data for both diagnosis and treatment. This technique does not involve the use of X-rays. Data are obtained by applying pulses of radio-frequency radiation in a powerful magnetic field. Highly sensitive coils measure the reaction in the body and transmit these data to a computer system where they are converted into images.

The standard procedure you can expect during MRI scanning:

Please undress in the changing room according to the instructions of the radiology technician. For the examination, you will lie comfortably on a special table which slides into the tubular MRI apparatus. Sometimes the injection of a contrast agent in an arm vein is necessary to improve image contrast. During the scanning procedure you should try to relax and remain as motionless as possible. Some patients even manage to fall asleep.

You will be in constant contact with us via a two-way intercom, so that you can speak to us if necessary and vice versa.

During the scanning procedure, make-up and tattoos can generate a localised sensation of warmth. Please tell us via the intercom if you notice a warm sensation.

Precautionary measures and questionnaire:

In order to ensure a risk free examination, certain precautions must be taken. We therefore ask you to please answer the following questions and to attest to the correctness of your responses by signing this form.

Before entering the zone containing the powerful magnetic field, it is absolutely mandatory that you remove the following items from your person:

Glasses, hearing aids, jewellery, watch, wallet, clothing with metal zippers, credit cards, keys, hairpins, support corsets with metal parts, brassiere.

Patientenetikette

Size: _____ Weight: _____

Please mark appropriate answer with a cross ☒

Is there a possibility you are pregnant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever worked in an environment where you may have come in contact with metal splinters?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been tattooed in the past 3-5 months ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had an operation? If yes, on which part of the body? What kind of operation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you aware of any metallic foreign bodies in your body? If yes, please indicate the type of metal and the reason:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a pacemaker, an insulin pump, a nerve stimulator or similar therapeutic device been implanted in your body? If yes, please specify:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have an implanted hearing aid (Cochlear implant)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you on blood thinning medication? (i.e. Marcumar, Aspirin) ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you suffer from kidney ailments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you suffer from allergies? If yes, please specify:	Yes <input type="checkbox"/>	No <input type="checkbox"/>



Date: _____

Patient signature: _____

Radiology Technician: _____