

Information for magnetic resonance imaging (MRI)

Date: ____ / ____ 20____

Weight: _____ kg

Height: _____ cm

Signature: _____ Printed name: _____

Remove all personal items containing metal that you may be wearing, including your watch, any jewelry, hairpins, piercings, electronic devices (e.g. mobile phone, hearing aid) and debit and credit cards, clothes containing metal (e.g. buttons or zippers), bags and shoes. Any make-up containing metal (e.g. crackle polish and magnetic lashes) should also be removed.

MRI examination will not be performed if you have a pacemaker, an insulin pump or a drug delivery pump or metal splinters (e.g. close to the eyes). The glucose sensor and medicated patch may need to be removed before imaging. Dental fillings, sterilization clips or an intrauterine device (IUD) will not affect the scan. Implants used for joint replacement, screws or plates attached to bone are not contraindications for MRI scan. The radiological technician (RT) will go through the answers of the information form with you before the scan. This procedure ensures a safe MRI scan.

Sometimes intravenous contrast agent is injected. A cannula is normally inserted in the vein of the arm. The contrast agent improves the conspicuity of pathological tissues. Contrast agent does not contain iodine and is excreted in the urine. You can continue breast-feeding normally after administration of the contrast medium.

	Yes	No
Do you have a pacemaker or pacemaker electrodes?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any surgeries? If yes, specify which kind: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Are there any metal objects in your head, eye or body (prosthetic devices, a middle ear prosthesis, surgical clips, coils, stents, pieces of shrapnel or other pieces of metal, a hearing aid)? If yes, specify which kind: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an insulin pump, any other drug delivery pump or an epidural stimulator, glucose sensor or medicated patch?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been diagnosed with renal failure?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have allergies to anesthetics, contrast agents or any drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have claustrophobia?	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
If this examination is performed with the insurance company's payment commitment, the MRI report can be send to my insurance company?	<input type="checkbox"/>	<input type="checkbox"/>