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## **Magnetic resonance imaging (MRI)**

Magnetic resonance imaging (MRI) is a noninvasive medical examination that helps physicians diagnose and treat medical conditions. MR imaging uses a powerful magnetic field, radiofrequency pulses and a computer to produce detailed pictures of organs, soft tissues, bones and other internal structures. The images can then be examined on a computer monitor, printed or copied to CD. MRI does not use x-rays. In most cases, an MRI exam is safe for patients with metal implants, except a few types. People with following implants cannot be scanned and should not enter the scanning area unless explicitly instructed by a radiologist or technologist: internal defibrillator or pacemaker, cochlear implant, some types of clips used on brain aneurysms. Please tell the radiologist about artificial heart valves or other implanted electronic devices, metal pins, screws, plates or surgical staples. Tattoos may contain iron and heat up during MRI, but this is rarely a problem.

The examinations take about 20 minutes. You will lie on a moveable table that slides into the center of the device which is open at both ends. If you have claustrophobia or anxiety, you may want to ask your physician for a mild sedative. In this case you should not drive or operate a machine for 12 hours. Women should inform the physician if they are pregnant, although there have been no reports of any ill effects due to scanning. Women with a loop should see their gynecologist after scanning to verify the correct position. In some cases, a contrast agent may be injected during the MRI examination. A technologist will insert an intravenous (iv) line into a vein in your hand or arm. There is a very slight risk of allergic reaction to contrast agent, usually mild and easily controlled by medication. There is a very small chance of the needle being misplaced which may cause a swelling at the site of injection. Patients with kidney malfunction can only be examined with contrast agent under special conditions.

**please turn page**



Name: \_\_\_\_\_

Given name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_

- 
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| - Do you have a medical electronic device (e.g. Pacemaker)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Do you have any metal objects in your body?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Do you wear dentures with magnetic fixation?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Have you had a head or heart operation?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Do you have any allergies?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Do you have any kidney malfunctions?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Are you pregnant?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - Are you suffering from an infectious disease              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - (HIV, Hepatitis, TBC)?                                    |                              |                             |
- 

Radiologist: \_\_\_\_\_

Geplante Untersuchung / KM-Protokoll: \_\_\_\_\_

Anamnese: \_\_\_\_\_

Op's: \_\_\_\_\_

KM: \_\_\_\_\_

Agreement:

I have no further questions, everything has been sufficiently explained, I have had enough time to think it over and I agree to the examination.

I agree to the injection of a contrast agent

Yes

No

I certify that I have no metal devices in my body except the above mentioned. I will not take any metal objects or electronic devices into the examination room.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(signature)