

MRI (Magnetic Resonance Imaging) - Patient Information and Consent Form

What is an MRI?

Magnetic Resonance Imaging (MRI) is a modern diagnostic imaging procedure. It provides detailed images of organs, muscles, joints, nerves, and other internal structures. MRI does not use X-rays. The examination works with a strong magnetic field and radio waves.

Safety Information

Please inform us immediately if you have any of the following implants or conditions:

- Pacemaker or implanted defibrillator
- Cochlear implant
- Brain aneurysm clips
- Artificial heart valves
- Implanted electronic devices
- Metal plates, screws, or surgical clips
- Magnetically attached dentures

Procedure

The examination usually takes about 20 minutes. You will lie on a table that moves into the MRI scanner. The scanner is open at both ends. During the scan, you will hear loud knocking noises – ear protection will be provided.

If you suffer from claustrophobia or anxiety, please inform us. If a sedative is administered, you must not drive or operate machinery for 12 hours.

Contrast Agent

In some cases, a contrast agent may be required. It is administered through a vein in your arm. Side effects are rare and usually mild. If you have impaired kidney function, special medical evaluation is required before administration.

Patient Questionnaire

Last Name: _____

First Name: _____

Date of Birth: _____

Weight: _____

Do you have a pacemaker or any other implanted electronic device? Yes No

Do you have any metal objects in your body (e.g., screws, plates, clips)? Yes No

Have you had head or heart surgery? Yes No

Do you have any allergies? Yes No

Do you have impaired kidney function? Yes No

Are you pregnant or could you be pregnant? Yes No

Do you have any infectious disease (e.g., HIV, Hepatitis, Tuberculosis)? Yes No

Consent Declaration

I confirm that I have been informed about the MRI examination. All my questions have been answered satisfactorily. I agree to undergo the MRI examination.

I agree to the administration of a contrast agent: Yes No

Place, Date: _____

Patient Signature: _____