



PRIVATKLINIK LINDE
CLINIQUE DES TILLEULS

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Magnetic Resonance Imaging (MRI) information sheet and questionnaire for patients

Name / First name: _____

Date of birth: _____

Weight: _____

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.

Questionnaire

Please mark appropriate answer with a cross ☒.

Are you pregnant? (for women) Yes No

Have you ever worked in an environment where you may have come in contact with metal splinters? Yes No

Have you previously been examined by MRI scanning? Yes No

Have you ever had an operation? Yes No

If yes, on which part of the body? What kind of operation?

Are you aware of any metallic foreign bodies in your body? Yes No

If yes, please indicate the type of metal and the reason.

Has a pacemaker, an insulin pump, a nerve stimulator or similar therapeutic device been implanted in your body? Yes No

If yes, please specify.

Are you on **blood thinning** medication? (i.e. Marcumar, Aspirin) Yes No

Do you suffer from **kidney ailments**? Yes No

Do you suffer from **allergies**? Yes No

If yes, please specify.

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.

I confirm that I have understood the orientation and the questions, and have answered the latter correctly.

Place / Date: _____

Patient signature: _____
Radiology Technician: _____