

Patient information sheet for MRI (magnetic resonance imaging)

Last name: _____ First name: _____ Date of birth: _____
 Height: _____ Weight: _____ Phone: _____

Pre-recordings of the examination region? ☐ Yes: _____ ☐ No
 If, please submit at reception.

	Yes	No		Yes	No
Pacemaker / defibrillator	<input type="checkbox"/>	<input type="checkbox"/>	Ventricular shunt	<input type="checkbox"/>	<input type="checkbox"/>
Artificial heart valve	<input type="checkbox"/>	<input type="checkbox"/>	Limb Prostheses / Artificial Joints	<input type="checkbox"/>	<input type="checkbox"/>
Vascular clips (aneurysm clips)	<input type="checkbox"/>	<input type="checkbox"/>	Piercing / permanent make-up	<input type="checkbox"/>	<input type="checkbox"/>
Stimulation probes, stimulation electrodes	<input type="checkbox"/>	<input type="checkbox"/>	Metal splinters and metal foreign bodies	<input type="checkbox"/>	<input type="checkbox"/>
Inner or middle ear prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	Port catheter	<input type="checkbox"/>	<input type="checkbox"/>
Drug pump, for example Insulin pump	<input type="checkbox"/>	<input type="checkbox"/>	Intrauterine device (contraceptive spiral)	<input type="checkbox"/>	<input type="checkbox"/>
Magnetic denture	<input type="checkbox"/>	<input type="checkbox"/>	Other metal implants: _____		

- | | Yes | No |
|---|--------------------------|--------------------------|
| • Infectious diseases <input type="checkbox"/> HIV <input type="checkbox"/> Hepatitis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Others _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Cancer/Tumors: Which: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Tumor therapy? <input type="checkbox"/> Surgery <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiation therapy | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you had any heart or head surgery? Other surgery: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Chronic diseases: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Allergy or hypersensitivity <input type="checkbox"/> Drugs <input type="checkbox"/> Contrast media <input type="checkbox"/> Others _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Previous contrast media reaction: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Renal / liver diseases: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| • Women of childbearing potential: you might be pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Currently breastfeeding? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Claustrophobia | <input type="checkbox"/> | <input type="checkbox"/> |
| • Medication: _____ | | |

Reason for examination: _____

Declaration of consent: I have read and understood the information sheet and truthfully completed the questionnaire. I am fully informed and informed about the planned examination, possible risks and complications. I have carefully considered my consent and do not need any further deliberation. I consent to the examination. I agree to a possible examination with contrast media.

Data processing: I agree that my preliminary findings and recordings may be requested, taking into account the respective data protection regulations. According to § 73 Abs. 1b SGB V, I consent that my attending or consulting physicians receive a report. Images and findings may be forwarded to me or attending doctors by letter, fax, hybrid delivery by e-mail, referring portal or secure email. According to the DSGVO, I consent to the storage and further processing of my data in the context of image evaluation, reporting and distribution of reports. For reasons of environmental protection, I do not need a copy of the information sheet.

Place and date	Patient (legal guardian/carer)	Doctor

Only in the case of refusal:

Patient (legal guardian/carer)

Patient information sheet for MRI (magnetic resonance imaging)

Dear patient, dear parents,

you or your child will have an MRI examination. Please read the information sheet carefully. Magnetic resonance tomography (MRT) is a modern examination method that works without X-rays. With the help of a strong magnetic field will be sectional images of the desired body regions created.

Examination procedure:

For good image quality, it is important that you lie still. This allows you to influence the image quality and also the evaluation of your examination positively. This also prevents the repetition of individual measurements that may be necessary. During the examination, you will lie on a special patient table inside the MRT tunnel. Inside the MRT tunnel is light on, well ventilated and open to the feet and head. With some examinations it is possible that you can watch a film through special mirror. We can see you during the examination and you will also receive a bell button to draw attention to yourself if necessary. The examination takes about 15-45 minutes, depending on examination requirement. Loud knocking noises occur during the examination. To suppress the loud noises, you will wear headphones during the examination, which can also play music.

Contrast media:

Depending on the question of the examination, an application of contrast medium into your arm vein may be necessary. It is possible that this can be decided during the examination. The contrast media we use are very well tolerated. Mild side effects, such as itching or nausea, are very rarely. Stronger allergic reactions can never be completely ruled out, but they are extremely rare. An extremely rare complication is "nephrogenic systemic fibrosis" (NSF), which has been known since 2006 and was observed when certain MRT contrast media were applied. Only patients with impaired kidney function and patients with kidney failure who are receiving blood wash (hemodialysis or peritoneal dialysis) can be affected. In contrast to other contrast media, however, NSF was seen extremely rarely with the contrast media we used. Deposits of traces of contrast media components (gadolinium) in certain core areas of the brain are possible with so-called linear contrast agents, which we do not use, after frequent use. No reliable data are available for such deposits for the macrocyclic contrast media Dotarem / Dota-MR used by us. So far, no scientifically proven damage to health as a result of these possible deposits has been observed, although the first gadolinium contrast media have been used since 1988.

Metallic foreign bodies:

Metal objects can interfere with the examination and even become dangerous. Electronic items and magnetic strips from EC or Credit cards can be damaged by the magnetic field. You have to take off all metal objects off your body before entering the examination room. For example: Magnetic cards, watch, glasses, keys, lighter, mobile phone, coins, wallet, pocket knife, jewelry, piercing, pen, hair clips, clothing with metal (snaps, clothing with zip, bra, belt, shoes with metal heels / soles), hearing aids, ECG devices, blood pressure monitors, removable dentures and braces..

Side effects:

Metallic dyes in make-up or tattoos can rarely cause skin irritation or warming (similar to sunburn). Noises in the ears can occur, which normally subside. Complications with the contrast media can rarely occur: e.g. headache, nausea, reddening of the skin, collapse, very rarely severe allergic reactions. The contrast media we use are very well tolerated, especially better than X-ray or CT contrast media.