Praxis magnetic resonance imaging (MRT) and computed tomography (CT)
at Alexianer St. Joseph – Hospital Berlin Weissensee

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Sedation patient information sheet

Last name: _____ First name: _____ Date of birth: _____

Dear patient, dear parents,

you or your child suffer from claustrophobia and thats why a sedation is required for the examination.

We are obliged to inform you that the medication (diazepam) can affect your ability to react and concentrate. Therefore you have to confirm the following points for our information with your signature:

1. I consent to the application of the medication diazepam.
2. There is no allergy to the drug diazepam or other benzodiazepines.
3. An adult accompanied me to the examination and home.
4. I was informed that I will 24 hours after sedation:
   - not actively participate in road traffic
   - not work
   - not operate any machines
5. I hereby declare that I am not, and have not been, drug addict.
6. I am currently not taking any antidepressants or sedatives.

Date and time	Patient (legal guardian/carer)	Doctor

Last name, first name adult accompanying person: _____

I have been advised that the patient _____ whom I am accompanying after the examination will not be able to drive for 24 hours and may not operate any machines.

Date and time	Accompanying person

Stuff use only

Application of diazepam intravenously on _____ at _____a.m./p.m.

Intravenous dose (Diazepam 10 mg/2 ml injection solution): _____ mg

Ø Patient's pulse rate _____

Ø Patient's breathing rate _____