

Magnetic Resonance Imaging (MRI)

Important Information on Magnetic Resonance Imaging (MRI)

Magnetic resonance imaging (nuclear magnetic resonance, MRT, NMR, MR, MRI) is a modern examination procedure that allows images of the human body to be taken without the use of X-rays, thereby gaining insights in regard to numerous diseases.

For the examination, a special bed will take you into the instrument's examining tunnel, where you will be exposed to a strong magnetic field. High-frequency pulses (radio waves) are now emitted. This will result in loud knocking noises that are caused by rapid electrical switching processes indicating normal operation of the instrument. The signals your body emits due to this pulse can be received with special antenna (coils) and converted to images via a powerful computer system.

If you suffer from claustrophobia in enclosed spaces or are very sensitive to noise, please tell us before the examination. In this case, we can give you a sedative and, if need be, ear protection. During the examination, you can talk to the doctor or assistant via an intercom system at any time, if you experience problems.

The procedure has been in use for many years and has proven to be compatible with the human organism. Nevertheless, in the first 3 months of pregnancy the examination is only recommended under strict indications.

The examination planned for you might mean it is necessary to administer a contrast medium intravenously. Contrast media are generally well tolerated; in the case of hypersensitivity (allergy), however, nausea, itching, skin rash and similar can occur, which usually disappear quickly. Hypersensitivity reactions by individual organs or your circulation are rare. Serious, life-threatening reactions are extremely rare.

Please note that magnetic resonance imaging cannot be performed on anybody with bio-electrical implants (e.g. heart pacemaker, insulin pump, neuron-stimulator, inner ear prosthesis). Metal parts in the body, such as fixed dentures, joint prostheses or metal plates after an operation on a fractured bone, do not generally present a problem.

To ensure the examination progresses smoothly, we kindly request you answer some questions which are given on the following page, as accurately as possible.

If you have any further questions, we shall be pleased to answer these as well.

You can find more information in the patient portal www.radiologie.de.

Non-binding sample, compiled in consideration of best practice aspects and on the basis of relevant experience. No liability for correctness and completeness. The present sample serves for patient clarification in the context of diagnostic measures and is on no account a substitute for the personal consultation with the patient and the individual therapeutic discussion proceeding a diagnostic measure. All patient data is voluntary.



Name: _____ First name: _____ Date of birth: _____

Anamnesis (medical history) for magnetic resonance imaging (MRI)

To ensure the examination progresses smoothly, we kindly request you answer the following questions:

1. Do you have implants with the following devices?

Heart pacemaker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Neuro-stimulator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insulin pump?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Inner ear prosthesis (cochlea implant)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other bio-electrical implants?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you wear a hearing aid? Yes No
3. Do you wear vascular supports e.g. stents or vascular clips? Yes No
If yes, since when? _____
4. Do you have an artificial heart valve? Yes No
5. Do you have tattoos, piercing or permanent makeup on your body? Yes No
6. Do you wear a medication plaster?
(e.g. Neupro® (for Parkinson's disease))? Yes No
7. Do you have any metal parts in your body, e.g. metal/shrapnel,
surgical nails, metal plates after an operation on a fractured bone,
joint prostheses? Yes No
8. Do you have dentures? Yes No
9. Have you undergone heart, head or eye surgery? Yes No
10. Have you already been operated on in the region of the body
we wish to examine today? Yes No
11. For women - are you pregnant? Yes No
12. Do you suffer from allergies or asthma
(hay fever, foods, medicines (e.g. iodine or similar))? Yes No
13. Do you suffer from a restricted kidney function? Yes No
14. Do you agree to an administration of contrast medium? Yes No
15. What is your current body weight? _____
16. Do you suffer from claustrophobia? Yes No

Date

Signature

(If a minor, signature of parent or guardian)

Important: Before the examination, you need to remove all metal objects. These include hair slides, removable dentures, jewelry, glasses, keys, watches, hearing aids, mobile phones and bank or credit cards.

A project of the Curagita Group



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