

## **Patient information Magnetic resonance imaging (MR, MRI, MRT)**

Dear Patient,

Your attending physician has signed you up for magnetic resonance imaging (MR, MRI, MRT). Before the examination can be performed, we ask that you carefully read the following information and fill out the questionnaire.

### **What is magnetic resonance imaging?**

Magnetic resonance imaging has been an integral part of medical diagnostics for quite some time now. Images of the inside of the body are created using radio frequency waves in a strong magnetic field. No x-rays are used during this procedure.

### **What happens during the examination?**



The examination is carried out in a lying position. This positioning will be as comfortable as possible. Depending on the body region to be examined, signal enhancers (so-called coils) will be placed on your body or around your joint. Afterwards you will be slowly guided into the ring-shaped device so that **the body region to be examined can be positioned in the center of the magnetic field**. The examination time can take anywhere between 30 min. to one hour depending on the type of examination. Do not be alarmed by the different percussion sounds coming from the device, they are a normal component of the functional operation of the device. It is important that during the examination you remain still and relaxed, since every movement during the measurement period can cause disturbances in the image.

During the measuring breaks you can communicate using an intercom system. In addition you will also receive a bell. In order to improve the contrast of the image it may be necessary to inject contrast medium prior to the examination into a joint or into the arm vein during the examination. Our medical specialists will inform you continuously throughout the examination about the individual examination steps and we are happy to answer any questions you may have.

### **What happens when the MR examination is completed?**

After the examination you may perform all of the activities that you normally do.

So that the examination can be carried out without any risks, several precautionary measures must be taken. We therefore ask you to answer the following questions and to confirm that your answers are correct with your signature.

Last Name: ..... First Name: .....  
Date of birth: ..... Weight: ..... kg Height: ..... cm

**Are you wearing one of the following objects in or on your body?** Yes No

Pacemaker / defibrillator

Neurostimulator

Medication pump (insulin pump)

If yes, where is it located?: .....

Hearing aid

Cochlear implant (hearing prosthesis)

Braces / removable dental prosthesis

Piercings

Tattoos / Permanent make-up

If yes, where is it located? .....

Medicinal patches (e.g. nicotine, Nitroderm, pain etc.)

**Have you already had surgery in the region to be examined?**

If yes, what kind of procedure: .....

When: .....

**Have you ever had heart surgery?**

(e.g. artificial heart valves, pacemaker, stents)

If yes, what kind of procedure: .....

When: .....

Hospital: .....

**Have you ever had head surgery?**

(e.g. vascular prostheses/stents, vascular clips, platinum spirals/coils)

If yes, what kind of procedure: .....

When: .....

Hospital: .....

**Do you have other implants, prostheses or metal parts in your body**

If yes, what: ..... where: ..... since when: .....

If yes, what: ..... where: ..... since when: .....

If yes, what: ..... where: ..... since when: .....

**Are there any metallic or grenade splinters in your eyes or in your body?**

If yes, what kind of procedure: .....

Since when: .....

**Medical Questions**

**Yes**                      **No**

Do you suffer from renal insufficiency?                      

Do you have any allergies?                      

If yes, which ones: .....

Do you suffer from drug intolerances?                      

If yes, which ones: .....

Do you take blood-thinning medication?                      

**For women of childbearing age**

Do you wear an IUD?                      

If yes, which one?:  Copper IUD  
 Hormone IUD (Mirena)  
 Other: .....

With the exception of the hormone IUD (Mirena) the position of the IUD must be checked by a gynecologist after the MR exam (to guarantee contraception).

Could you be pregnant?                      

Are you breastfeeding?                      

**IMPORTANT !!! The following objects must be removed before entering the MR room:**

**Watches, jewelry, credit cards, hearing devices, cell/mobile phones, piercings, metal objects** (keys, pocket knives, lighters, pocket change, **hairpins**)

Should you have received any sedatives (Dormicum, Temesta), please observe the following points **for at least 8 hours** afterwards:

- Do not operate a vehicle or any machinery
- Do not sign any important documents (contracts etc.)
- Get someone to see that you return safely home (even if you travel by public transportation)

**I hereby acknowledge that my images will be forwarded for co-evaluation, if necessary.**

When is your next doctor's appointment? .....

I have understood the questions and have answered them correctly.

Date: ..... Signature: .....

**To be filled out by the medical staff:**

Kreatinin: ..... Clearance: ..... Visum MTRA: .....