

# Clarification for the MRI



First name: \_\_\_\_\_ Lastname: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Weight: \_\_\_\_\_ kg

The MRI is a very strong magnetic field. It's very important, that you don't wear any metallic objects on your body. Electronically devices can be damaged or destroyed during the examination!  
If you have questions please do not hesitate to ask our staff. Thank you.  
Please answer the following questions.

- **Do you have any of the following objects on or inside your body?**

	YES	NO
Cardiac peacemaker	<input type="checkbox"/>	<input type="checkbox"/>
Neurostimulator	<input type="checkbox"/>	<input type="checkbox"/>
Insulin pump / medication pump	<input type="checkbox"/>	<input type="checkbox"/>
Hearing aid / Cochlea-implant	<input type="checkbox"/>	<input type="checkbox"/>
Removable dentures / bridge	<input type="checkbox"/>	<input type="checkbox"/>
Piercing / tattoo / permanent-make-up	<input type="checkbox"/>	<input type="checkbox"/>
Metalwork (plate, screw...)	<input type="checkbox"/>	<input type="checkbox"/>
  
- **Did you ever had a gun shot injury or an accident with metal splinters?**

	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
  
- **Did you have an operation on your head or heart?**

	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
  
- **Do you take one of these medicines?**

	YES	NO
Marcoumar <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plavix <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sintrom <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heparin <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aspirin Cardio <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  
- **Do you have claustrophobia?**

	YES	NO
(We usually give Dormicum nose spray to relax. But after this spray it's Not allowed to drive a car for at least 12 hours!)	<input type="checkbox"/>	<input type="checkbox"/>
  
- **Women: Is it possible to be pregnant?**

	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

## ATTENTION

Please leave the following objects in the changing room: watch, jewellery, wallet, coins, glasses, dentures, hair slide, hairpin and hearing aid. Credit cards and cards with a magnetic field will be deleted!!  
Close the door from the changing room.

Please take off all your clothes expect your underwear (bra also must take off) and put a blue patient gown on .

I fully understand the information above and have answered all questions completely.

Sign Secretary / MPA \_\_\_\_\_ / \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Visa MTRA \_\_\_\_\_