

## Patient Information Magnetic Resonance Imaging (MRI) Page 1 of 2

**Dear Patient,**

To be completed by staff:

Magnetic resonance imaging is a highly developed technology to acquire detailed anatomic pictures of the body. It can detect, exclude or classify pathological conditions and helps to find the cause of your complaints. Sometimes, MRI can avoid more invasive diagnostics or even surgical interventions. This memo informs you about the examination and its possible risks and enables you to give or withhold your consent. If you need more information, we are prepared to answer any of your questions.

*Untersuchungsregion:*

**What is MRI?** MRI serves to acquire cross-sectional images of the body without x-rays. For this purpose, the body is introduced into a magnetic field and exposed to harmless low-energy radio waves. The tissues send back radio signals, which are recorded by a receiver. These signals are processed in a computer to produce images.

*Aktuelle Beschwerden:*

**How is MRI performed?** In the examination room, you are positioned on a moveable table, which slides slowly into the magnet (a large tube open at both ends). During the examination, there will be a loud humming noise caused by electromagnetic switching. All of this is entirely harmless. Ear protection will be provided. By means of a signalling device and an intercom, you can always contact the staff. But use it only in case of emergency, or else the examination will last longer than necessary. Generally, an examination takes about 20 minutes. During this time, several dozens to hundreds of pictures will be taken. An MRI examination is completely painless. You can relax, but should not move, otherwise the image quality might suffer. Occasionally, you will be asked to hold your breath.

**Are there any risks?** If all safety precautions are strictly obeyed, an MRI examination carries no complications or risks. Permanent damage to biological tissues is not an issue. MR contrast media may cause minor side-effects like sickness or allergies. However, severe complications are extremely rare.

### **What have to be taken into account when entering the MRI room?**

MRI uses very strong magnetic fields you don't normally experience in everyday life. Harmless items like coins or keys might transform into dangerous projectiles within the magnetic fringe field.

*Vorgeschichte:*

**Safety precautions:** Do not enter the scan room before you are told so and follow the orders of the staff for your own safety. The magnet is always on, even if there is no examination under way. Please leave the following things in the changing room:

- Watches, glasses, earrings, other jewellery
- Electronic devices
- Credit cards (will otherwise be deleted by the magnet)
- Metal clothing items (belts, bras, braces, suspenders)
- Loose metal objects (e.g. coins, paper-clips, keys, hairpins, tools)
- Removable dentures, hearing aids

**Limitations of MRI:** MRI cannot be performed under certain conditions. To avoid risks, please answer the following questions:

Do you have a pacemaker or defibrillator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had heart or brain surgery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there metallic objects in your body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prone to hay fever or asthma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What are you allergic to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is your kidney function impaired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have HIV or hepatitis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Height:

Weight:

**Declaration of consent:**

I do not have any further questions. I feel sufficiently informed and, after thorough reflection agree to undergo the planned examination. I also agree to an injection of contrast medium, if this should prove necessary.

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Place, Date

Patient signature

**Permission for transmitting radiological results to your treating doctor(s)**

Please check the relevant box:

My referring physician or family doctor shall be informed about the results and images obtained in the radiology department<sup>1</sup>

1)  I agree

2)  I disagree<sup>2</sup>

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Place, Date

Patient signature

<sup>1</sup> The results will be transmitted only for purposes of treatment. We don't fulfil requests of third parties (insurances, authorities, lawyers) without your written authorization.

<sup>2</sup> If you don't want your referring physician to know your results, we must inform him or her of this fact.