

Written Consent to the Provision of Medical Service (Medical Procedure)

Name of the medical service (procedure or examination): **Magnetic Resonance Imaging (MRI)**

After a previous examination, your physician has recommended the above health service (procedure or examination) for which we need your consent. In the following text, you will find information about this examination, which you can further discuss with a specialist if needed. Finally, you will give your informed consent or disagreement to this medical procedure.

Reason for the Provided Healthcare Service – Purpose, Nature, Benefit for the Patient, Possible Alternatives:

What is Magnetic Resonance Imaging

Magnetic Resonance Imaging (MRI) is an imaging examination method that does not use X-rays but uses strong magnetic and radiofrequency electromagnetic fields. The aim of this examination is to obtain images of the organs under examination or information about their function or biological composition. The examination is not painful. In some cases, a contrast agent is additionally used, which, except in very rare cases, does not cause any adverse reactions.

The purpose of Magnetic Resonance Imaging

The purpose of the MRI scan is to find possible changes in the structure of organs and tissues in the examined area or to assess previously known changes. The information obtained will help your physician diagnose your disease, refine your diagnosis or monitor the progress of your disease (for example, to check the success of your current treatment). The purpose of the contrast agent is to increase the sensitivity of the examination and to refine the diagnosis or to specifically visualise the blood vessels.

Procedure Alternatives

Ultrasound (US) or computed tomography (CT) may be an alternative to this examination in some cases. However, in most cases, these examinations do not provide the same quality of diagnostic information as MRI and therefore cannot be considered a full-fledged alternative. In addition, CT is based on the use of X-rays, which carries certain health risks. The advantage of CT, on the other hand, is the speed of the examination and the ability to visualise bones. CT is also used in cases of implanted devices that exclude MRI examination (e.g., pacemaker).

Preparation for the Medical Service (examination or procedure):

Before the examination of the abdominal cavity, the patient needs to be fasting 3-4 hours before the procedure (**permanent medication can be taken and washed down with water**). This is due to the possible application of a contrast agent.

- **During the examination, there must be no metallic (including non-magnetic) material inside the machine. For this reason, it is essential to leave all jewellery, metal clasps, buckles, hairpins, watches, keys, coins, bank cards, mobile phones, retaining splints, prosthetic devices, etc. at home or leave them in the locker before the examination.**
- **Before the examination, remove any hearing aids, glasses, contact lenses, removable dentures.**
- **When examining the head, it is desirable that the examinee does not wear mascara.**
- **Alternatively, the contrast agent is administered in small amounts (approximately 10-20 ml) by injection directly into a vein, rarely into a joint.**
- **Exceptionally, the contrast agent may also be administered orally. In children or individuals with a fear of confined spaces (claustrophobia), it may be necessary to administer sedatives.**

The process for providing a medical service (examination or procedure):

Specialist staff will place you on the examination bed and place the area to be examined in the appropriate examination coil. For your safety (to prevent injury to your limbs when the examination bed is being rolled into the machine and to prevent falling during transfer), fixation belts can be attached to the abdomen and upper limbs. The mobile examination bed will go with you into the examination area of the machine (tunnel). The examination usually lasts 20-50 minutes and it is necessary to remain still during this time, as movement of body parts will invalidate the examination. When examining the chest and abdominal organs, you will be repeatedly asked to hold your breath during the examination to eliminate any unwanted movement of the trunk as much as possible. The MRI scan is accompanied by noise of varying intensity. For this reason, you will be provided with headphones or earplugs. In case of an emergency (e.g. nausea or pain), you can immediately contact the MRI staff using the signal device controller that you will have in your hand.

Risks and possible subsequent complications:

Magnetic Resonance Imaging is an examination method that uses a strong magnetic field. It is not based on X-rays. No harmful effects of MRI have been demonstrated. However, as a precaution, the test is not recommended for women in the first trimester of pregnancy. Serious allergic reactions to contrast agents used in MRI are very rare and the department is equipped to manage life-threatening conditions. Allergic reactions vary in the intensity of symptoms from minor (urticaria, redness, itching) to severe reactions (swelling of the airways and lungs, drop in blood pressure and increase in heart rate, in extreme cases heart and lung failure) that may require prompt medical attention.

Recommendations for the patient after receiving healthcare services (examination or procedure), including possible restrictions on usual activities, work ability, and changes in health status:

If you feel well after the examination, do not feel nauseous and have not been given any sedatives, you can continue with your programme.

Breastfeeding mothers must stop breastfeeding for 24 hours after the application of the contrast agent (it is therefore advisable to collect milk for this period before the examination). Within 24 hours, the contrast agent is eliminated from your body.

Treatment regimen and preventive measures:

After the examination with the contrast agent, the patient waits for 20 minutes in the waiting room because of the possibility of a delayed allergic reaction to the contrast agent. If you develop symptoms of allergy (skin rash, nausea, shortness of breath) after leaving the medical facility, notify your attending physician or emergency medical service immediately.

Verification of contraindications to the procedure:

Circle one of the YES/NO options for each item, or leave none circled if you are unsure.

I have a **pacemaker and/or a defibrillator**. (a device that affects the heart function – “alarm clock”)
YES NO

I had a pacemaker implanted before and I have **electrodes** left in my body.
YES NO

I have an **infusion pump** implanted in my body (e.g. for insulin dosing).

YES NO

I have an implanted **vital signs monitor or a neurostimulator**.

YES NO

I have **metal clips** after brain surgery, blood vessels surgery (clips, embolisation coils).

YES NO

I have a **cochlear implant** (hearing aid).

YES NO

I have **metal/electronic/titanium implants** (joint replacements, metal splints or screws).

YES NO

I have a **sternal implant** to treat a sunken chest.

YES NO

I have had surgery for a cerebral aneurysm.

YES NO

I have implanted **heart valves** (mechanical or biological).

YES NO

I have **metallic foreign bodies in my eye or elsewhere in my body** (fragments, splinters).

YES NO

I have **stents** (reinforcements of blood vessels) or **venous filters** in my body.

YES NO

I have severe **kidney disease** (dialysis).

YES NO

I've had a **liver or kidney transplant**.

YES NO

I have had **neurosurgery or other surgery** (what, when).

YES NO

I have a bladder stimulator.


YES NO

I have piercing, tattoo or permanent makeup.

YES NO

I have dentures, a bridge, braces.

YES NO

	<p align="center">Dopravní zdravotnictví a.s. AGEL HEALTH CENTRE Prague Italská Italská 560/37, 121 43 Prague 2 Identification No.: 25903659</p>	<p align="center">Annex No. 2 to the Internal Regulation 019_POS_2019-115 SOP PH 019</p>
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I'm **allergic** to drugs, disinfectant or contrast agent.
YES NO

I am **pregnant** (if YES, please specify week/month) or I am **breastfeeding**.
YES NO

I have a fear of enclosed spaces (**claustrophobia**).
YES NO

If you have marked YES for any of the options, immediately WARN the MRI department staff!!!

Heightcm Weight.....kg

1. I agree/disagree* with the application of gadolinium contrast agent

*)delete where not applicable

Declaration

I have been informed in detail about the provision of the medical service (procedure or examination) with all the alternatives, their benefits and risks, and I have had the opportunity to choose one of the alternatives (unless the medical service provided is subject to special legislation).

I have been informed of the possible limitations in my usual way of life and inability to work after the provision of the medical service (procedure or examination), the possible expected changes in my state of health and medical capacity.

I have been informed about the treatment regimen, appropriate preventive measures and the possibility of further health services (follow-up procedures or examinations).

I declare that I have been allowed to ask additional questions, which have been duly answered, and that I have fully understood the information and instructions and agree with the proposed procedure.

In addition, I declare that in the event of unexpected complications requesting urgent performance of further medical services (procedures) necessary for saving my life or health, I agree that all other necessary and urgent medical services (procedures) would be performed in order to save my life or health.

Patient:

Personal Identification Number:

Patient's signature.....

Phone:.....

Legal representative:.....

Relationship:.....



Dopravní zdravotnictví a.s.
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Italská 560/37, 121 43 Prague 2
Identification No.: 25903659

Annex No. 2 to the Internal
Regulation
019_POS_2019-115
SOP PH 019

Signature of the legal representative.....

Identification of the physician:
.....

Signature of the physician:
.....

Signature and identification of the MRI employee who verified the data
.....

In Prague ontime:.....

If the patient cannot sign (reason given):

If the insured person is unable to sign the record due to his/her health condition, the attending physician and another witness shall confirm his/her unquestionable expression of will (by nodding, moving the eyelids, limbs, etc.) with their signature. The record shall indicate the manner in which the insured person expressed his or her will and the medical reasons preventing the insured person from signing.

Health reasons preventing the insured from signing:.....

Method of expression of the insured's will:

Name and surname (or stamp), signature of the witness: