

QUESTIONNAIRE AND PATIENT INSTRUCTIONS BEFORE THE MRI EXAMINATION

Name and
surname.....

Birth Certificate
Number.....

Required
examination.....

Health Insurance CompanyHeight cm Weight kg Telephone
number

Dear Sir or Madam, During your examination in our department, you will be in a strong magnetic field and simultaneously exposed to high-frequency electromagnetic pulses.

THEREFORE, IF YOU HAVE A PACEMAKER OR DEFIBRILLATOR YOU MUST NOT BE EXAMINED BY MRI UNDER ANY CIRCUMSTANCES!!! DO NOT APPROACH THE MACHINE!

The indication and any potential contraindication for the patient to undergo an MRI examination are determined by the referring physician.

Please complete the following questionnaire carefully and circle the correct answer.

- | | | |
|---|-----|----|
| I have a pacemaker/implantable defibrillator
(device affecting heart function) | YES | NO |
| I had a pacemaker implanted before and there are 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 (ear) implant | 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 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 |



Dopravní zdravotnictví a.s.
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- | | | |
|---|------------|-----------|
| 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 make-up | YES | NO |
| I have dentures, a bridge, braces | YES | NO |
| I'm allergic to medication, disinfectant or contrast agent | YES | NO |
| I have claustrophobia (fear of enclosed spaces) | YES | NO |
| I am pregnant (if YES, please specify week/month) or I am breastfeeding | YES | NO |

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

METAL PARTS CAN cause injury or damage to the machine!

Alternatives to the examination: Ultrasound, X-ray, computed tomography, scintigraphy, PET/CT

Before you enter the examination room, PLEASE LEAVE the following items in the locker: watches, keys, small metal coins, jewellery, metal hairpins, belt, hearing aids, glasses, contact lenses, dentures, bank cards with magnetic strips, mobile phones, retaining splints, prosthetic devices, etc.!!!

The examination takes 20-50 minutes, is performed in several series and is not painful. During the examination, you will hear a loud clapping sound that is part of the examination. Earplugs or headphones can be used against noise. During the examination, you may feel a slight warmth in the area of your body being examined. In case of any nausea or discomfort, you can immediately contact the MRI staff using the alarm bell that you will have in your hand. It is necessary to lie still and not move during the examination!

I confirm that I have answered all questions truthfully and have not withheld anything.

I declare that I have understood the instructions and that I DO NOT HAVE A PACEMAKER.

I declare that I have been allowed to ask additional questions, which have been duly answered.

I have no further questions.

In Prague on

.....
PATIENT'S SIGNATURE (or their legal representative – relationship to the patient)

.....
Signature of the MRI department employee who verified the data