



# Information for patients about MRI

**Please note:**

If you pick up your pictures later, our employees are obliged to inspect your identity card. A power of attorney is required for collection by a third party.

Name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Weight (kg): \_\_\_\_\_

Dear Patient, Dear Patient!

Magnetic resonance imaging (MRI) is a modern examination procedure that does not require X-rays. Using a strong magnetic field and a transmitter and receiver system for radio waves, sectional images of the examined body regions are created.

## **Examination procedure**

It is important that you lie calmly and relaxed. Through your cooperation, the duration of the examination can be reduced and the quality of the images can be improved. During the examination, you lie on a special couch which is slowly moved into the opening of the magnet. Here it is bright, well ventilated and open on both sides. During the examination we can hear and see you, in addition you will receive a bell button. The examination lasts about 15-45 minutes (depending on the question). During the measurement, relatively loud knocking noises are generated by electromagnetic circuits. You will receive headphones to reduce these noises.

## **Contrast medium**

In certain cases it is necessary to apply a contrast medium to an arm vein. Occasionally, however, the doctor can only decide this during the examination. The contrast agents used are very well tolerated. Minor side effects such as itching or nausea are very rarely observed. Stronger intolerance reactions can (as with other drugs) never be completely ruled out, but are extremely rare. Since May 2006, a connection between the so-called "nephrogenic systemic fibrosis" (NSF) and the administration of certain MRT contrast agents into the arm vein has become known. The NSF is a clinical picture first mentioned in the medical literature in 2000. This is a serious fibrosis of the skin and connective tissue, which can lead to death if organs are affected. Only patients with impaired kidney function and patients with kidney failure who receive blood washing (hemodialysis or peritoneal dialysis) could be affected. If there is a renal dysfunction, please let us know.

Deposits of traces of contrast agent components (gadolinium) in certain core areas of the brain are possible with so-called linear contrast agents after frequent application. For such deposits with macrocyclic contrast agents, no reliable data are yet available. A linear contrast agent (Primovist®) is only used in our institution for special liver imaging questions. So far, no scientifically proven health damage has been observed as a result of these possible depositions, although the first gadolinium contrast agents have been used since 1988.



## Metalliferous articles

Metal objects can interfere with the examination and under certain circumstances can even be dangerous for the patient. Electronic articles and magnetic strips of EC or credit cards are damaged by the magnetic field. Therefore, all metal-containing objects, magnetic cards and electronic articles must be discarded before entering the examination room, e.g.: Clock, glasses, key, lighter, mobile phone, organizer, MP3 player, walkman etc., loose coins, wallets, credit cards, pocket knives, jewellery, piercing, pens, hair clips, metal-containing clothing (press studs, zippers, underwired bra, fasteners on bra and other garments, woven metal parts, belts, shoes with metal heels/ soles), hearing aids, long-term ECG devices, long-term blood pressure monitors, removable dentures and braces.

Your valuables can be locked in lockers or in the changing room.

## Avoidance of risks

Magnetic resonance imaging may not be performed on a certain group of persons. To avoid possible risks, please answer the questions on the back.

## Please mark with a cross

- Have you/your child undergone heart or head surgery? Yes  No
- If there is an allergy / hypersensitivity to medication, band-Aids or contrast media? Yes  No
- If there is a severe restriction of kidney function or any other Kidney disease? Is the renal function value known (GFR, creatinine)? Do you need to wash your blood regularly (dialysis)? Yes  No
- Have you already received MRT contrast medium i.v.? Yes  No
- Women of childbearing age: Could you be pregnant? Yes  No
- Patients with small children: Are you currently breastfeeding? Yes  No
- Has an MRI or CT already been performed on the body region to be examined? made? If so, where and when? Yes  No
- Do you suffer from an infectious disease (e.g. Hepatis, HIV, TB)? Yes  No
- Is there an increased intraocular pressure ("glaucoma")? Yes  No



## Do you have body implants?

Pacemaker / implanted defibrillator (AICD)	Yes <input type="radio"/>	No <input type="radio"/>
Artificial heart valve replacement	Yes <input type="radio"/>	No <input type="radio"/>
Vascular supports (stents), in particular drug-coated stents	Yes <input type="radio"/>	No <input type="radio"/>
Vascular clips (aneurysm clips) in the head	Yes <input type="radio"/>	No <input type="radio"/>
Stimulation probes / stimulation electrodes (e.g. brain or bladder pacemakers)	Yes <input type="radio"/>	No <input type="radio"/>
Inner ear prosthesis (cochlear implant)	Yes <input type="radio"/>	No <input type="radio"/>
Middle ear prosthesis (e.g. "Vibrant Soundbridge")	Yes <input type="radio"/>	No <input type="radio"/>
Hearing aid	Yes <input type="radio"/>	No <input type="radio"/>
Medication pumps (e.g. insulin pump, painkiller pump)	Yes <input type="radio"/>	No <input type="radio"/>
Prostheses / implants that are held magnetically (e.g. magnetically held dental prosthesis)	Yes <input type="radio"/>	No <input type="radio"/>
Ventricular shunt (drainage of brain water into the peritoneal cavity or the atrium)	Yes <input type="radio"/>	No <input type="radio"/>
Limb prostheses	Yes <input type="radio"/>	No <input type="radio"/>
Artificial joints (knee, hip, shoulder)	Yes <input type="radio"/>	No <input type="radio"/>
Braces / dentures	Yes <input type="radio"/>	No <input type="radio"/>
Piercing, permanent make-up or tattoos	Yes <input type="radio"/>	No <input type="radio"/>
Metal splinters and foreign bodies (shell splinters, splinter injuries, z. B. also n. welding operations)	Yes <input type="radio"/>	No <input type="radio"/>
Other metal implants	Yes <input type="radio"/>	No <input type="radio"/>
Intrauterine device ("spiral")	Yes <input type="radio"/>	No <input type="radio"/>

If known, indicate the material composition (e.g. titanium, steel) and the approximate implantation date:

---

Patient information obligation: This form is kept by us for 10 years. We are obliged to provide you with a copy of this form. If you do not wish to do so for environmental reasons, please tick here:

I don't need a copy

With my signature I confirm the correctness of my data and agree with the examination and a possible application of contrast medium.

---

Date / Signature Doctor

---

Signature of patient (or legal guardian)

Data protection: In accordance with § 73 Abs. 1b SGB V I hereby agree that my attending physicians or consultant physicians receive a report and that the images and reports found in my case may be forwarded to me or other attending physicians by letter, fax, hybrid delivery by e-mail, referring physician portal or secured e-mail and that the images may be made accessible to these physicians. According to DSGVO I agree to the storage and further processing of my data within the scope of image evaluation, report preparation and report distribution.