

QUESTIONS FOR PATIENTS ATTENDING FOR MAGNETIC RESONANCE IMAGING

Do you have:	YES	NO
★ A pacemaker or pacemaker wires	<input type="checkbox"/>	<input type="checkbox"/>
★ An artificial heart valve	<input type="checkbox"/>	<input type="checkbox"/>
★ A neuro-muscular stimulator or stimulator wires	<input type="checkbox"/>	<input type="checkbox"/>
★ A prosthesis in the inner or middle ear (implant)	<input type="checkbox"/>	<input type="checkbox"/>
★ A drug infusion pump (such as an insulin pump)	<input type="checkbox"/>	<input type="checkbox"/>
★ Aneurysm or surgical clips (sterilisation clips will not prevent you from having an MRI)	<input type="checkbox"/>	<input type="checkbox"/>
★ A shunt in brain	<input type="checkbox"/>	<input type="checkbox"/>
★ Tissue expander for breast	<input type="checkbox"/>	<input type="checkbox"/>

If you have, when and where was it inserted? _____

If you have an implant card kindly take it with you.

★ Metal fragments in the eye or in the body	<input type="checkbox"/>	<input type="checkbox"/>
★ Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of the questions above, please contact the MRI unit.

Tel. +358 44 791 4800

Tell the nurse when you attend for the MRI if you have:	YES	NO
★ Renal insufficiency	<input type="checkbox"/>	<input type="checkbox"/>
★ A prosthetic joint or dental braces	<input type="checkbox"/>	<input type="checkbox"/>
★ Tattoos	<input type="checkbox"/>	<input type="checkbox"/>
★ Have you previously had an MRI?	<input type="checkbox"/>	<input type="checkbox"/>
★ May we request your previous MRI results to use as comparison material? (if you have any X-ray or MRI images from private providers, please bring them with you)	<input type="checkbox"/>	<input type="checkbox"/>
★ Do you have claustrophobia?	<input type="checkbox"/>	<input type="checkbox"/>

Glucose sensor, medical patch and/or hearing aid must be removed before the scan.

If you need premedication or pain medication, contact the clinic or department that treats you.

Weight _____ kg Weight _____ cm

Date, signature and name in block letters _____

The questions above apply to everyone entering the examination room, including family or escorts who are in the examination room while the MRI is being done.

Please fill in this form and bring it with you when you come for the MRI. Welcome!