

## Magnetic resonance imaging (MRI) questionnaire

Your safety is important to us. Please answer the questions below, complete the questionnaire carefully and sign it for approval.

Height (cm) \_\_\_\_\_ Weight (kg) \_\_\_\_\_

If you answer YES to any of these questions, please consult your physician	YES	NO
Do you have a cardiac pacemaker?		
Do you have a cochlear implant/an implanted medication pump/an implanted neurostimulator?		
Have you ever experienced a trauma that has caused metal fragments to enter your eyes or elsewhere?		
Please answer the following questions	YES	NO
Have you undergone head surgery? Please specify:		
Have you undergone heart surgery? Please specify:		
Do you have clips, vascular stents, coils, etc. in your body?		
Have you undergone any surgery in the past three months? Please specify:		
Have you had a dental implant put in within the past three months?		
Do you have metal screws/plates/pins for fracture fixation in your body?		
Do you have prostheses in your joints or elsewhere in the body? Please specify:		
Do you have tattoos/permanent makeup?		
Do you wear metal jewellery or have body piercings?		
Do you work or have you worked in the metal industry?		
Do you have any other metal in your body?		
Do you have allergies to medications or contrast media?		
Women: Are you pregnant or breastfeeding?		

**A glucose sensor, drug patch and/or hearing device should be removed prior to the investigation.**

Joint prostheses, sterilisation clips, dentures or metal teeth generally do not prevent conducting the investigation. If you have a prosthesis or an implant card, take it with you.

**PLEASE NOTE:**

**THERE IS A STRONG MAGNETIC FIELD IN THE IMAGING ROOM. JEWELLERY, WATCHES, KEYS, BANK CARDS, ETC. ARE NOT ALLOWED IN THE IMAGING ROOM!**

**The examination makes use of a strong magnetic field and for this reason any metal objects and mechanical devices are banned from the imaging room. Such items may prove hazardous to yourself, the staff and the machinery used.**

**Patient's confirmation**

- I have read and completely understood the content of this information leaflet.
- I confirm that I have been informed of the nature of MRI, its contraindications and the preparation for the examination. I confirm that I have been given the opportunity to ask questions about MRI and I have understood the answers I received.
  
- I agree to the MRI and, if necessary, administration of a contrast agent.
- I agree to the MRI, but I refuse administration of a contrast agent.

Date: ..... Signature: .....

With any questions you may have you can write to [info.radiologia@confido.ee](mailto:info.radiologia@confido.ee)