



### Magnetic resonance imaging probably with contrast medium

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Have you got a pacemaker, event-recorder or an artificial heart valve	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, what and since when ?
<b>Height? cm</b> <b>Bodyweight? kg</b>	
Do you have an insulin pump?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Have you got other metallic or electrical devices implantated, like stents, slips, joint prosthesis (hip, knee, shoulder, spine), metal shards, contraceptive coil, acupuncture needles, <b>neurostimulator, cochlear implant</b> , tattoo, piercing, braces?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, what and since when ?
Have you ever had incompatibilities or problems with earlier MRI examinations ?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, which one ?
Do you have or did you have infectious diseases like HIV/AIDS, tuberculosis, or hepatitis ?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, what ?
Are you allergic to contrast media, or things like latex, patches, disinfectant, narcotics ?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, which one?
Have you ever undergone surgery in the area /the organ of the body part that will be examined?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, where ?
Are any liver diseases known to you ?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, which one ?
Are any kidney diseases or insufficient kidneys known to you?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, which one?
Did you have a liver- or kidney-transplantation?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you suffer from claustrophobia (anxieties in confined spaces)?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you suffer from noise sensitivity, deafness or hearing damage?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Name and address of your general practitioner (if not referring doctor)	
<b>Additional question for women:</b> Are you pregnant or could you be pregnant?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, which pregnancy week ?

#### ■ Declaration of Consent

**I agree with the implementation of the magnetic resonance imaging**



Yes:

No:

I consent to an injection of a contrast medium should it be necessary during the examination:



Yes:

No:

I agree with the sending of my findings reports to my referring doctor and my general practitioner



Yes:

No:

You can revoke this declaration of will any time by written notice.



Date



Signature



## Patient information: Magnetic resonance imaging probably with contrast medium

Your name: \_\_\_\_\_

Your treating doctor has recommended for you a magnetic resonance imaging (MRI). The examination will lead with high probability to a detailed diagnosis of your disease or a suspected disease can be excluded.

**👉 Please keep in mind, that we as radiologists don't give any recommendation for treatments. Your attending doctor (referring doctor) will inform you of useful therapies.**

### ■ What is Magnetic resonance tomography (MRI)?

MRI is an imaging method. Images are obtained with a combination of magnetic fields and radio waves. There is no use of X-rays.

It is very important that you stay calm and relaxed. You shouldn't move at all during the examination.

There is intervisibility between you and the medical staff with voice communication. In case of emergency you keep a little ball in your hand, which then triggers an alarm to the medical staff, if you press it.

During the examination you will hear harmless knocking noises.

### ■ Are there any possible complications during the magnetic resonance tomography?

#### Only in exceptional cases:

For people suffering from claustrophobia there is the possibility of states of anxiety. The examination can be stopped at any time.

Patients and their assistants with pacemakers, neurostimulator and insulin pumps are not allowed to enter the radiology viewing room.

Some implants are suitable for MRI. We have to check your ID-card of your implant. All electronic data carrier (e.g. mobile phones, event recorder, credit cards) can be damaged and containing data irrecoverable deleted.

We deny any liability for those damages.

All objects containing metal have to be taken off (dental prothesis, piercings, glasses, jewellery, acoustic hearing apparatus, acupuncture needles).

The medical staff will also ask you to take off some clothings.

### ■ What sort of complications are possible with contrast medium?

The side effect of modern contrast medium is very low. Because of i.v. injection there is the very rare

possibility of bruises, infections or inflammations. In case of a paravasate, that is the contrast medium is not floating into a vein, but into the surrounding area, one should not expect serious complications.

MRI-contrast medium can be deposited in the tissue. The only known disease because of deposited contrast medium is Nephrogenic systemic fibrosis (NSF).

Since 2009 there is no new case of NSF reported, this disease occurred only in case of kidney diseases or insufficient kidneys.

In case of insufficient kidneys application of contrast medium is contraindicated.

In case of kidney diseases or insufficient kidneys there is the possibility of renal failure after application of contrast medium.

**You should drink a lot in the next 24 hours after the examination (sparkling water, tea).**

### ■ Additional information for women

Please inform us if you are pregnant or of the possibility of pregnancy. In case of early pregnancy there is the danger of injury for the unborn child.

An intrauterine pessary (IUP) for contraception could move in the surrounding magnetic field and the effect could get lost. After examination in MRI your gynecologist should check your IUP.

The abstill after contrast medium application is not necessary. In case of abstill we recommend a still break of 24 hours.

### ■ Rejection of examination or application of contrast medium

If you reject the MRI-examination or the application of contrast medium, you risk disadvantages of your health. Therapies/surgeries are possibly delayed or not done at all.

### ■ Data protection and confidentiality

According to medical professional regulations and laws (SGB V) we are obliged to report the result of the examination to your referring doctor. All external service providers with contact to personal data are subject to the duty of silence.

**👉 I have read and understood the patient information.**



Date

Signature

Der Patient/die Patientin hat keine weiteren Fragen und ist mit der Kontrastmittelgabe einverstanden.

Unterschrift des **Arztes**: \_\_\_\_\_