

## 5.12 Informed consent for MRI

DATA AND PATIENT'S anamnesic \_\_\_\_\_

First Name and Last Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex: M F

Trauma: NO YES , which ones?

Surgery: NO YES , which ones?

Asthma or allergies: NO YES , which ones?

CLINIC AND ANAMNESTIC DATA FROM THE REQUIRED DOCTOR:

District to be examined \_\_\_\_\_ Diagnostic suspicion: \_\_\_\_\_

Anamnesic evidences: \_\_\_\_\_

**USER INFORMATION:** During the examination, which lasts from 30 to 60 minutes, any patient motion can compromise the quality of the examination; it is therefore necessary to maintain absolute stillness. The swish perceive that during the examination is normal. The test is not painful, however you may feel sensations of heat, muscle contractions or pulsations, of which we recommend to inform the technician performer. The investigation by magnetic resonance imaging does not use x-ray, but a magnetic field and radio frequency energy and, therefore, does not involve known risks. However, in order to perform the examination, it is necessary that doesn't exist absolute contraindications and possible contraindications are subject to assessment by the doctor. We ask, therefore, carefully fill out the following questionnaire.

**The patient can not perform the MRI examination if any one of the following ABSOLUTE CONTRAINDICATIONS:**

YES NO pacemaker or internal defibrillator is not MRI compatible  
YES NO magnetic artificial eyes  
YES NO intraocular metal fragments

YES NO cerebral vascular clips NO catheter Swan – Ganz  
YES NO cochlear implants, neurostimulators, metallic connectors  
ventricular-peritoneal shunt, infusion pumps  
drugs (eg insulin microinfusioni)

**The patient can perform the examination after medical evaluation if there are one or more of the following contraindications**

\*: If you answer yes you must provide specific documentation of EMC

YES NO vascular clips  
YES NO prosthesis or orthopedic screws  
YES NO lens implants  
YES NO auricular prostheses (middle ear) \*  
YES NO expansions mammary  
YES NO prosthetic heart valves \*  
YES NO penile prostheses \*  
YES NO lens implants (retinal points) \*  
YES NO staples from previous surgery  
YES NO metal shrapnel, bullets

YES NO spinal or ventricular shunt catheters \*  
YES NO sickle cell anemia  
YES NO filters vascular stent  
YES NO intrauterine device (IUD)  
YES NO contraceptive diaphragm \*  
YES NO tattoos extended  
YES NO claustrophobia  
YES NO implantable pumps for infusion of drugs \*  
YES NO pregnant (known or suspected)

**IMPORTANT INFORMATION FOR THE EXAM DAY:** we recommend you to bring along the challenging and all the documentation and clinical diagnostics (medical records, X-rays, medical reports). Before the examination should be removed: contact lenses, dentures, crowns, temporary furniture, hearing aids, metal objects (phone, rings, bracelets, sunglasses, watch, keys, coins, hairpins, metal buttons, belts, etc.. ), magnetic cards (credit cards, ATMs, etc..), cosmetic facial with ferromagnetic substances (may interfere with the exam).

**STATEMENT OF INFORMED CONSENT:** I certify that I responded to the above questions accurately and to have been adequately informed about the survey that I do and I give my consent for this purpose (for exams at the lower signature of the operator of parental rights)

date \_\_\_\_\_ Patient signature \_\_\_\_\_

THE REQUIRED DOCTOR: on examination of the medical questionnaire

date \_\_\_\_\_ stamp and signature of the required doctor: \_\_\_\_\_

The radiologist: the clearance examination: \_\_\_\_\_ Date \_\_\_\_\_ Signature of the radiologist: \_\_\_\_\_