

INFORMATION ABOUT MRI SCANNING

The MRI scan you are about to have will be performed on a state-of-the-art machine that uses a strong magnetic field. To this date there are no known harmful effects due to this scanning technique. The magnetization may, however, interfere with the working of cardiac pacemakers and can move pieces of magnetized metal. **Because of this, we ask you to read thoroughly and answer all the questions in the questionnaire attached to this form.**

The strong magnetic field may also damage magnetic cards; electronic equipment and other objects made of magnetized metal on or inside your body. Therefore before you enter the scanning room we kindly request you to remove all jewelry, watches, coins, credit cards or other magnetic cards, beepers, cellular phones, digital diaries, removable dentures and all other magnetic or metal objects. You can give them to your accompanying member or deposit them in a safety box outside the zone affected by the magnet.

During the scan you will be placed in a long chamber in the middle of the machine. Although the fit may seem close, the space you are in is open at both ends and the technician is constantly in communication with you via a microphone system. If you are uncomfortable, we can hear you if you simply speak in a normal voice. You will hear a loud clicking or pounding noise sound that is a normal function of the machine. To reduce the noise intensity we will give you earplugs or headphones you can wear during the scan. There are no moving parts, nothing will touch or harm you, and you are not supposed to feel any pain during the scan.

Sometimes it is required to receive an injection of paramagnetic contrast material, it is a contrast material based on metal and not on iodine, so it is usually safe even for persons with previous reactions to iodine based contrast material. In such cases we will inform you about the need for contrast injection and make sure there is no contraindication for receiving it.

As with regular pictures, if you move, you will ruin the images. Because of this, it is very important that you remain still without any motion and breathe normally while the scans are being taken.

It is our hope to make this examination as comfortable for you as possible. We will be glad to answer any questions that you may have regarding the exam.

PLEASE ANSWER THE QUESTIONS ON THE ATTACHED QUESTIONNAIRE AND SIGN THE CONSENT FORM!

THANK YOU!

MAGNETIC RESONANCE IMAGING (MRI) QUESTIONNAIRE

Please answer all the following questions-if any of terms or meanings is incoherent we will clarify them.

First name and surname _____ ID No. _____

Cell phone No. _____ Phone No. _____

Weight _____ F/M? _____ Date of Birth _____ / _____ / _____

Do you take medication? _____ Are you Left or Right handed? _____

	YES	NO
1. Have you ever had an MRI? If so, when _____ to what body part ? _____		
2. Do you have a pacemaker?		
ATTENTION! Patients with pacemakers can NOT under any circumstances have a MRI		
3. Do you have an artificial or mechanical heart valve?		
4. Do you have any implanted metallic clips in your head (have you ever had brain surgery, a neurosurgical surgery or cochlear implant?)		
5. Do you have any implanted joint (hip, knee, etc.)?		
6. Do you have a prosthetic limb (limb, hearing aid) that can not be removed?		
7. Have you had any devices placed in blood vessels (in your heart or elsewhere) ?		
If answer is YES – please state when Do you have any orthopedic fixation devices (pins, plates, rods) or any other implanted device ?		
8. Have you ever worked around a metal lathe or in welding ?		
9. Have you ever had an injury to your eye involving metal fragments ?		
10. Have you had a shrapnel (war or gunshot) wound / injury ?		
11. To the best of your knowledge do you have metal in / on your body ?		
12. Do you have a piercing or a tattoo on your body? Do you have a tattooed eyeliner ? Do you wear colored contact lenses ?		
13. Do you have medical patches, nicotine patches, stickers for birth control?		
14. Do you have an implanted neuro-stimulator or infusion / insulin pump or any other pump ?		
15. Do you have metallic artificial dentures, a crown made of metal ,a dental implant , or a retainer ?		
16. Have you ever had surgery? If you did, what type _____ and when ? _____		
17. Do you suffer from epilepsy?		
18. Do you have any Kidney disease causing Renal failure ? If you do, do you know your latest Creatinine or BUN values ?		
19. Are you claustrophobic ?		
20. Do you wear a wig or an artificial hair extension?		
21 *** Females Only *** Are you or could you be pregnant? _____ Pregnancy week _____		
ATTENTION ! If you receive an injection of paramagnetic contrast material and are nursing		

a baby you should not nurse until 48 hours after the MRI examination.

Do you have an IUD _____ ? If you do, of what type ? _____

DATE ____/____/____

SIGNATURE _____

DATE ____/____/____

Researcher Name _____

Researcher Signature _____