

Screening MRI-exam

Dear Sir/Madam,

Please answer the questions below, sign the form and to hand in this form to the Radiology staff member. Is your exam in the evening or at a weekend, then submit the form to the MRI technician.

Answering questions by patient: put a cross yes or no		Yes	No
Do you	suffer from claustrophobia?		
	have a pacemaker or ICD?		
	have a Breast Tissue Expander?		
	have a medicine pump?		
	have a neuro stimulator implant?		
	have hearing aids or implants		
Are you	(possibly) pregnant?		
Did you	had an operation in the past involving metal implants or prostheses?		

If you have answered any of the questions above with a "yes": please consult your own doctor to check whether the MRI scan will have any consequences for the examination or yourself. If this check is not done before the MRI examination, it might be necessary, due to safety precautions, to reschedule the scan to another date.

Answering other questions by patient: put a cross yes or no		Yes	No
Was there in the past, a problem with the insertion of an infusion with you, for example due to thin or deep veins?			
Are you a (old) metal worker and / or there is a risk of metal splinters in the eye?			
Do you have difficulty walking and do you have an appointment after 5 pm?			

If you answered "yes" to one of the above questions, you must consult the Radiology telephone number in advance: **020 5993025 (East location) or 020 510 8898 (West location)**.

The examination can continue if you have fillings, crowns or a brace in the mouth. This also applies to joint prostheses. Are you being treated by a doctor for poor kidney function? Then contact your attending physician and also report this to the MRI technician prior to the exam.

What is your weight in kg?	What is your height in cm?
Date	Name patiënt
Signature patient	