MRI EXAMS

INFORMATION SHEET FOR THE PATIENT AND THE COMPANION

Please answer the questions below and sign the form set out as a free and informed consent for the execution of the test.

Dear Mr/Mrs:

Affix the label with patient data

In this questionnaire, you will find questions about your state of health, in order to grant you the execution of the MRI safely.
This method of investigation does not use ionizing radiation (x rays).
It is important to know that it uses an intense magnetic field that exerts (like a magnet) attractive forces on ferromagnetic materials that you may have with you or in your body, such as, for example, surgical implants, metal chips, intrauterine device, pacemaker or similar.
You must to inform the staff about that.

During the examination you can hear a swish, due to the smooth operation of the equipment neither painful nor uncomfortable.
It is important that during the examination (which may last from 25 to 50 minutes depending on the type of investigation), you remain as still as possible, breathing regularly; you can communicate with the operator at any time.

IN ORDER TO EXECUTE THE MRI EXAMS SAFELY YOU SHOULD:

- Remove all metal objects (hair clips, sunglasses, jewellery, pens, watches, credit cards or other magnetic media, coins, clothing with zippers and / or buttons and / or metal hooks, belts, etc.).
- Clean and dry the skin well, without residual creams or makeup, especially in the eyes; Wear underwear "cotton";
- Bring all previous documentation (clinical, laboratory and radiology) inherent in the examination.
- Warning: the test can ruin the tattoo may be present on the skin.

The staff is available to supplement the information contained herein, please forward to any questions y. Thank you for your cooperation.

Signature of the patient
In case of minor, kindly indicate name and surname of the parents or of those who exercite the parental authority.
In case of incapacity of consent, kindly indicate name and surname of the legal representative.

(Please attached documents certifying the role of guardian/legal representative)

MRI SCAN PRELIMINARY QUESTIONAIRE

The Magnetic Resonance Imaging technique is a risk-free test using magnetic field and radio-frequency waves. In particular circumstances may produce adverse reactions.
It is therefore of paramount importance that the following information and questioning are read and answed thoroughly and correctly. Finally, all patients are kindly requested to sign the overleaf page for given consent.

- Have you ever undergo major surgery: ABDOMEN HEAD THORAX
  If yes kindly specify ENDS NECK OTHER PARTS

- Do you have Pace-Maker? YES NO
- Do you have any cardioverter defibrillator? YES NO

- Do you have spinal tap or ventricular? YES NO

- Do you have spinal catheter or ventricular? YES NO

- Have you ever had sickle cell anaemia? YES NO

- Do you have metal joints/joint replacement, pins, plates, rods, screws, nails or clips? YES NO

- Do you have clips, staples of aneurysms (bloods vessels)? YES NO

- Do you have any artificial heart valve? Stents? YES NO

- Do you have any prosthesis of the spine? YES NO

- Do you have any implanted infusion or drug pump? YES NO

- Do you have dentures ,dental plate, hearing aid, ocular (eye) or cochlear (ear) implant? YES NO

- If female, do you wear an intra-uterine contraceptive? YES NO
- Are you pregnant? YES NO DATE OF LAST MENSTRUAL PERIOD ______________
- Are you breastfeeding? YES NO

- Do you have transdermal patches? YES NO

- Do you have any piercing or tattoo in your body? YES NO

- Do you wear contact lenses or do you have prosthetic lens? YES NO

- Are you claustrophobic? YES NO

- Have you ever suffered from seizures? YES NO

- Have you ever had shrapnel or metal fragments (in particular in the eyes) due to road/hunting accidents Or following explosions caused by work? YES NO

- Are you followed by the Surgery Department of Vertebro-Medullary of Udine or do you intend to be followed by them? YES NO

Ensuring that I have answered and fully understood I give my informed consent to the execution of the exam.

THE CHIEF RADIOLOGIST

( ) Dr. Degano Gian Paolo

( ) Dr. Fiore Daniele

( ) Dr. Rositani Pasquale

( ) Dr. Dalla Pasqua Francesco

***IN CAPITAL LETTERS: name and surname of the patient and/or* the companion**

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SIGNATURE patient and/or companion

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In case of minor, kindly indicate name and surname of the parents or of those who exercite the parental authority.
In case of incapacity of consent, kindly indicate name and surname of the legal representative.