



Information and Consent Magnetic Resonance Imaging (MRI)

¹ In addition, underage persons or assisted adults should sign if they are informed about the procedure.
² In principle both parents should sign. If only one parent has signed, the person who has signed assures that he or she is acting in agreement with the other parent or that he or she has the exclusive custody of the child.

We welcome you to our practice and ask you to fill out this questionnaire to the best of your knowledge. Please mark with a cross where applicable. **Please hand in any documents you may have brought with you for preliminary examinations at the registration desk. These are returned to you after the examination.** You can discuss any open questions with the assistants or the doctor before the examination.

Name, first name	Date of birth
Address	
E-mail	Phone
Health insurance	KVB I-III <input type="checkbox"/> KVB IV <input type="checkbox"/> Post B <input type="checkbox"/> Beihilfe <input type="checkbox"/>
Primary care physician	

Have you ever had a magnetic resonance imaging (MRI)? ☐ Yes ☐ No

Do you have a pacemaker / defibrillator? ☐ Yes ☐ No

Foreign objects: for example split, op clip, arthritic prosthesis, artificial heart valve, stent, insulin or morphine pump, hearing aids, piercing ☐ Yes ☐ No

I know that tattoos and permanent make-up with metallic pigments can cause skin burns. ☐ Yes

Could you be **pregnant** or do you breastfeed at the time? ☐ Yes ☐ No
If you are UNSURE please tell the front office employees.

☐ **Kidney Diseases** ☐ **Dialysis** Creatinine

Body size in cm **Bodyweight** in kg

Do you have any known allergies? ☐ Yes ☐ No
If so, which ones?

Is there currently or have been tumour illness known in your case? ☐ Yes ☐ No
If so, which ones?

To make the examination more meaningful, it is often necessary to administer a diagnostic contrast medium. **Do you agree to the administration of a diagnostic contrast medium? (oral/intravenously)** ☐ Yes ☐ No

Do you know if you have any infectious diseases? (HIV, Hepatitis, MRSA, TBC) ☐ Yes ☐ No

Which doctor other than the referring doctor shall receive the report?

Dr.

Are we allowed to order and view any previous diagnostic reports/images/ laboratory values from other doctors? ☐ Yes ☐ No

Are we allowed to send medical report/images to your treating doctors at their request? ☐ Yes ☐ No

The consent is given for an indefinite period and can be cancelled by you in written form at any time.

Declaration of consent: I have no further questions and herewith give my consent to the planned examination after sufficient time of reflection.

Place, Date, Time

Signature of the Patient¹, legal representative²

Signature of the doctor

Data accepted:

Do you like to receive a copy of this document? ☐ Yes ☐ No

Copy Received:
Signature of the patient

Please keep the questionnaire until your examination begins.

Please take care of your wardrobe, as the clinic cannot assume any responsibility for it.