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Magnetic Resonance Imaging



Dear Patient,

MR uses magnetic fields and radio frequency (RF) pulses versus x-ray waves. This technology provides high-resolution images of single human organs or body areas. Using MR, location and volume of an effected area can be determined with a significantly higher reliability and precision than using conventional x-rays.

Which side-effects could be expected?

With currently employed MR systems, Side-effects or risks have not been noted, so far. Magnetic fields and RF-pulses have no negative effect on human organism. In some cases, use of contrast improving materials result in lithe reactions like nausea or short-time laps of taste.

Implanted items (e.g. cardiac pacemaker, automatic insulin pumps, metallic joint prostheses.) could be damaged by the process and cause injuries. **Therefore it is very important to report these in the following questionnaire and to the assisting personnel.** Patients with these implanted items will only be examined if they are anti-ferromagnetic, which means they do not contain iron, cobalt, nickel.

Metallic joint prostheses like knee-joints or hip-joints, or material for an osteosynthesis (e.g. nails to fix a fracture) are – if stationary implanted - no problem.

Prior to your examination:

Metal parts within a magnetic field can cause accidents. Therefore, remove the following items before you enter the MR examination room:

- Watches, jewelry, hearing aids, braces, metal accessories of your dress.
- Magnetic cards (credit cards, check cards, other cards containing magnetic information). Data which these devices hold, will be erased.
- Keys, coins, hair-slides and other items containing metal.

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While the examination is in progress:

We will always be in visual contact with you. Please stay calm and relaxed. Noise development (knocking noise, for example) during the process is absolutely normal so don't be afraid.

Please answer the following questions carefully:

1. Are you carrying a cardiac pacemaker or an artificial cardiac valve? yes no

2. Are there any other metal parts in your body (e.g. prostheses, shell splinters vessel clips, metal dust/particles taken in during job-dependent activities)? yes no

3. Did you have any head- or heart surgery to this date? yes no

4. Are you pregnant, or is there a chance you may be? yes no

5. Are you suffering from claustrophobia (fear in small rooms, e.g. elevators)? yes no

6. Has a MR examination ever been performed on you before? yes no

7. Are your suffering from any kidney diseases? yes no

Weight: _____ (pound) Height: _____ (feet) Date of Birth: _____

I have read and understood the information above. I will follow the given instructions for behavior. I have answered the questions concerning my medical history (anamnesis) to my best knowledge. If it will be necessary, I agree to the application of radiopaque material.

Name (First, Last): _____

Date: _____

Full Signature: _____