

# Informed consent of the patient – MRI Scan

Dear Sir / Madam,

your attending physician has referred you for an MRI scan. It is one of the most modern examination methods, which is currently able to examine most parts of the human body, including the brain, joints, and abdominal organs.

The examination is not based on the principle of X-rays and the electromagnetic energy used in MRI has not yet been shown to have harmful biological effects. Nevertheless, we prefer not to examine pregnant women during the first three months of their pregnancy.

In some indications, the nature of the test requires the administration of a contrast agent into a vein. Contrast agents for MRI are mostly special compounds based on gadolinium precious metal. They do not damage the kidneys; they are given in small doses (approx. 10-20 ml) and the risk of an allergic reaction is statistically significantly lower compared to iodine contrast agents.

During the examination, you will be lying on the examination bed in a strong magnetic field. The variable additional field generates considerable noise. This noise therefore belongs to the examination and is not a sign of a device failure. A coil, which receives the response from the examined tissue, will be placed around the examined part of your body. The examination usually takes 15-45 minutes and you will be asked not to move during the examination. When examining especially the abdominal organs, you will be asked to hold your breath for a short time.

The examination itself does not require special preparation. Before examining the organs of the abdominal area, we kindly ask you not to eat or drink for 2 hours.

MRI examination is completely safe. However, it can become dangerous if the patient has certain metal devices or objects in their body. Please, read the following questions carefully and answer them thoroughly.

.....  
**Name and surname**

.....  
**Personal identification number**

Please circle the correct answer

Do you have an implanted pacemaker?

☐ YES ☐ NO

Do you have a cochlear (ear) implant or a neurostimulator?

☐ ANO ☐ NO

Do you have dentures or fixed dental implant (bridge, crown,...)?

☐ ANO ☐ NO

Have you had heart, brain, or orthopaedic surgery in the past?

☐ ANO ☐ NO

Is there any surgical material left in your body?

☐ ANO ☐ NO

**If YES, indicate since when and whether the material is compatible with MRI (provide confirmation):**

.....  
Do you have a clamp or stent implanted in any blood vessel in your body?

☐ ANO ☐ NO

**If YES, indicate since when and whether the material is compatible with MRI (provide confirmation):**

.....  
Have you undergone any surgery or implant procedure in the last 6 weeks?

☐ ANO ☐ NO

Are you aware of any other metal object in your body  
(even as a result of an accident)?

☐ ANO ☐ NO

Do you have a prosthetic eye (artificial eye)?

☐ ANO ☐ NO



**Please turn over**

You suffer from claustrophobia (fear of confined spaces)?

☐ YES ☐ NO

Do you suffer from hypertension (high blood pressure),  
diabetes, gout, heart disease?

☐ YES ☐ NO

Are you allergic to any medication or contrast agent?

☐ YES ☐ NO

If YES, please write down a name: .....

Is your kidney function impaired?

☐ YES ☐ NO

Do you have a tattoo or piercing on your body?

☐ YES ☐ NO

### FOR WOMEN:

Do you have an intrauterine device?

☐ YES ☐ NO

Are you pregnant?

☐ YES ☐ NO

If YES, how many weeks .....

**Answering YES to any of the above questions does not mean  
that the examination cannot be performed.**

**An implanted pacemaker and cochlear implant  
are an absolute contraindication to the examination.**

**Should you have any more questions or concerns,  
please contact the MR staff.**

## Declaration of the patient or their legal representative

I hereby declare that I have been informed of the purpose, nature, consequences, risks, possible complications, and alternatives of the examination. I had the opportunity to carefully read the above text and personally ask additional questions. All my questions were answered properly. I fully understood the information provided. I understand that the examination does not have to be performed by the physician who informed me about the examination. As an integral part of this statement, I have truthfully answered the questions asked. In the event of complications, I agree with any necessary procedures that need to be performed to save my life or health. Based on the information provided and at my own discretion, I agree to this examination of my own free will and without coercion.

.....  
Date

.....  
Signature of the patient (or their legal representative)