

INFORMATION AND CONSENT FOR CARRYING OUT THE MAGNETIC RESONANCE EXAMINATION

Date _____

The patient

LAST AND FIRST NAME			
Place of birth			
Date of birth			

OR: For the patient indicated above, the undersigned

LAST NAME			
FIRST NAME			
Place of birth	Prov.		
Date of birth		Fiscal Code	

As

☐ parent ☐ caregiver ☐ legal guardian ☐ (other) _____

DEFINITION

The Magnetic Resonance (MRI) is a diagnostic technique that does not use ionizing radiation or radioactive substances. MRI diagnostics uses static fields of magnetic induction and radio frequency (RF) electromagnetic waves, similar to radio and television waves. The basic MRI is a non-invasive diagnostic test and based on current knowledge, it does not involve significant biological effects on patients without contraindications and is carried out in accordance with safety regulations and standards.

However, it is advisable not to perform the MRI examination in female patients during the first trimester of pregnancy.

PURPOSE

The main purpose is the diagnosis of pathological conditions affecting the brain and spine, abdomen, pelvis, large vessels and the musculoskeletal system (joints, bone, soft tissues).

EXECUTION

Source: Società Italiana di Radiologia Medica e Interventistica (SIRM)
Società e Salute SPA Sede Legale Via Temperanza, 6 – 20127 Milano
C.F. E P.I.: 05128650966
Registro Imprese Milano n. 1798600 – Capitale Sociale i.v. 1.224.249,00

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The exam is neither painful nor unpleasant. The patient is lying on a bed and in relation to the type of organ to be studied, the so-called "coils" (bands, helmet, plates, etc.) are positioned outside the body, shaped so as to adapt to the anatomical region to be studied, these do not cause pain or discomfort by being placed on the outside of the body. During the examination, rhythmic noises of varying intensity caused by the normal operation of the device are audible.

POSSIBLE COMPLICATIONS

Rarely, mild disturbances such as feeling claustrophobic, warmth, itching, breathlessness, palpitations or feeling unwell may arise. In these cases it will be possible to warn the operators using the appropriate intercom present inside the machine.

NECESSARY PREPARATION - RECOMMENDATIONS

Before undergoing the MRI examination, patients must collaborate with the doctor in order to correctly complete a specific "anamnestic questionnaire" useful to exclude any possible contraindication to the examination itself.

The following is recommended:

- deposit any metal, ferromagnetic or magnetic media object (cell phones, coins, watches, keys, earrings, pins, jewelry, hair clips, magnetic cards, credit cards, etc) in the special box. - remove any dental prostheses and hearing aids.
- remove contact lenses or glasses.
- undress and wear the special disposable gown provided by the service staff.
- use the headphones or earplugs provided by the service staff.

It is recommended to avoid making-up and using hairspray as they can create artifacts that reduce image quality.

Throughout the examination it is necessary to maintain the maximum degree of immobility, breathing regularly. It is not necessary to interrupt any pharmacological therapies in progress (eg. for hypertension or diabetes).

ANAMNESTIC QUESTIONNAIRE RMI

The "anamnestic questionnaire" is intended to ascertain the absence of contraindications to the examination and must be carefully filled out and signed at the bottom by the doctor in charge of the examination who, for his evaluations, also makes use of the answers provided by the patient or legal guardian (for example in the case of a minor).

YES	NO	Have you previously performed MRI exams?
YES	NO	Have you ever worked (or do you work) as welder, turner, coachbuilder?
YES	NO	Have you been a victim of blast trauma?
YES	NO	Have you ever had allergic reactions after contrast medium?

YES	NO	Do you suffer from claustrophobia??
YES	NO	Have you ever been involved in a car accident, hunting accident?
YES	NO	Are you pregnant or presumed to be pregnant?
YES	NO	Did you undergo surgery?

Head _____

Abdomen _____ Neck _____

Extremities _____ Chest _____ Eyes _____

Other _____

Are you a bearer of:

YES	NO	Cardiac Pace-Maker or other types of cardiac catheters?
YES	NO	Clips on aneurysms (blood vessels), aorta, brain?
YES	NO	Stents?
YES	NO	Do you have diabetes?
YES	NO	Spinal or ventricular shunts?
YES	NO	Metal prostheses (for previous fractures, etc.), screws, nails, wire, etc...?
YES	NO	Do you think you can have prostheses / appliances or other metal bodies inside the body of which you may NOT be aware of?
YES	NO	Are you using medical plasters?
YES	NO	Do you have tattoos? Location _____

YES	NO	Metal splinters or fragments?
YES	NO	Heart valves?
YES	NO	Implanted Defibrillators?
YES	NO	Infusion pump for insulin or other drugs?
YES	NO	Intrauterine Device (IUD)?
YES	NO	Fixed or mobile dental prostheses?
YES	NO	Other prostheses? Location _____
YES	NO	Do you have a lens prosthesis?
YES	NO	Do you have a piercing? Location _____
YES	NO	Are you aware of having one or more medical devices or metal bodies inside your body?

YES NO Wearer of devices whose characteristics (manufacturer, type and date of system) and / or the safety magnetic compatibility are not known.

To carry out the MRI exam, it is necessary to remove:

contact lenses - hearing aids - dentures - temporary crowns - hernia belt - hair clips - clothespins - glasses - jewelry - watches - credit cards or other magnetic cards - pocket knives - money clips - coins - keys - hooks - snap buttons - metal buttons - pins - clothes with zippers - metal tweezers - metal staples - nail files - scissors - any other metal objects.

Before undergoing the examination, please remove any makeup.

THE RADIOLOGIST

Having acknowledged the answers provided by the patient and completed any medical examination and / or further preliminary diagnostic investigations

AUTHORIZES THE EXECUTION OF THE MR INVESTIGATION

Signature of the radiologist _____

DECLARATION OF CERTAIN OR PRESUMED PREGNANCY

☐ **YES**

☐ **NO**

Patient's signature _____

Expression of INFORMED CONSENT to the execution of the MRI investigation

THE PATIENT

Believes to have been sufficiently informed about the risks and contraindications related to exposure to electromagnetic fields generated by the MRI equipment. Therefore, aware of the importance of the answers provided, he/she agrees to carry out the exam.

Patient's signature (*) _____ **Date** _____

(*) In the case of a minor patient, the signature of a parent or guardian is required.