

First Name:

Last Name:

Date of birth:

Phone Number:

Insurance Number

Height in CM:

Weight in KG:

**Please answer the following questions**

**YES**

**NO**

1. Do you have a **pacemaker**?
2. Do you have an **insulin pump** or **hearing aid**?
3. Do you have a **denture** (e.g. dental prosthesis, bridge, implant)?
4. Are there **metal parts** in your body, z.B. Stent, vascular clips, joint prostheses, IVC Filter, heart valves...?
5. Dis you have any operation involving head, eye, heart, ear or blood vessels?
6. Did you have an **Injury with metal or shell splinters**?
7. Are you pregnant or breast feeding?
8. Do you have a spiral?  
Please note that after the MR examination, a check-up with the gynecologist regarding the IUD (except hormonal IUD) is necessary
9. Do you have any tattoos, permanent-make-up or piercings
10. Are you a smoker?
11. Is this the first time you have a magnetic resonance examination?
12. Do you have or have you ever had a cancer or tumor?
13. Previous operations in the area under study today?

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14. How long have you had complaints? Have you had an accident?

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Especially for examinations of the head it is helpful to give an injection of contrast medium.

**YES**                      **NO**

- Are you allergic to any medication?
- Do you have or have you had kidney disease?
- Do you have a kidney disease?
- Are you a dialysis (blood purification) patient?
- Have you had a liver transplant or are you planning to have a liver transplant?
- Do you agree to any contrast medium administration that may be necessary?

**15. How would you like to pick up the examination results (CD, laserfilm, report)?**

- **By Mail** (5 € postage, CD and written report will be sent by mail to you or your referring physician - takes a few working days)
- **Pick up personally** (You will come the day after next from 9 a.m. to pick up the CD and the written report yourself)
- **Takeaway** (You wait approx. 15 min. after the examination, take the CD with the images with you and the findings are sent electronically to the referring physician on the next but one working day at the latest - you do not receive any findings yourself).

I have read the questionnaire, answered the questions correctly and consent to the MR examination. I agree that any previous findings, previous images, operation reports, laboratory values, etc. may be requested by the MR Institute Dornbirn and that the MR results may be sent (electronically, if necessary) to the referring physician. Information on the findings can only be provided by your referring physician.

Place, Date:

Signature of the patient: .....

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Note (to be filled in by MR personnel):

Krea:                                      GFR:

Ausgewiesen:                      Ja / Nein