



PMT CLINIC – magnetic resonance site

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First name, surname

Birth ID No:

INFORMED CONSENT TO MAGNETIC RESONANCE EXAMINATION

Dear Sir, Dear Madam,

Your treating doctor has recommended you for a magnetic resonance (MR) examination. This is one of the most modern examination methods, which is currently capable of examining a large number of the organs of the human body, including the brain, joints and abdominal organs.

The examination is not based on the X-ray principle, and no harmful biological effects have yet been demonstrated for the electromagnetic energy used during MR. In spite of this, we do not examine pregnant women in the first three months of pregnancy.

For certain indications, the nature of the examination requires the intravenous application of a contrast agent. In the vast majority of cases the contrast agents for MR are special compounds on the basis of the rare-earth metal gadolinium. It does not harm the kidneys, it is administered in small doses (approximately 10-20 ml), and the risk of an allergic reaction is statistically significantly lower compared to iodinated contrast agents.

During the actual examination you will lie on an examination table in a strong magnetic field. The fluctuating ancillary field generates considerable noise. This noise is thus normal for the examination and is not a sign of an instrument fault. Around the examined part of the body a coil will be located which receives the reflection from the examined tissue. The examination usually lasts 15-45 minutes, and during the examination you will be asked not to move. During examination of the organs of the abdominal cavity in particular, you will be asked to hold your breath for a short time.

The actual examination does not require special preparation. Please do not eat or drink 2 hours before an examination of the organs of the abdominal cavity.

An MR examination is completely safe. But it may become dangerous if the patient has any metal instruments or objects in the body. Please give your attention to the following questions and answer them carefully.

Circle the correct answer:

Do you have an implanted cardiac pacemaker?	YES	NO
Do you have a cochlear (ear) implant or neurostimulator?	YES	NO
Have you had an artificial joint implanted?	YES	NO
Have you had a heart, brain or orthopaedic operation?	YES	NO
Do have a stent implanted in a cardiac or other artery	YES	NO
Do you have an artificial heart valve?	YES	NO
Do you have an implanted clip on any vessel in your body?	YES	NO
Do you know of any metal object in your body (even as the result of an accident)?	YES	NO
Do you have false teeth or a metal dental bridge?	YES	NO
Do you have a false eye?	YES	NO
Do you suffer from claustrophobia (fear of enclosed spaces)?	YES	NO
Are you aware of any allergy to any medicine or contrast agent?	YES	NO
If yes, give the name:		
Do you have compromised kidney function?	YES	NO
Do you have a tattoo or piercing on your body?	YES	NO

For women:

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Are you pregnant?	YES	NO
If yes, how many weeks are you pregnant?.....		
Do you have an intrauterine device?	YES	NO

A "YES" answer to any of the above questions does not mean that the examination would be impossible to perform. **An implanted cardiac pacemaker and cochlear implant is an absolute contraindication.**

In case of doubts, or if you have other questions, please contact the MR personnel.

Declaration of patient (patient's legal guardian)

I, the undersigned, declare that I have been informed by a doctor of the purpose, nature, consequences, risks, possible complications of and alternatives to the examination. I have had the opportunity to acquaint myself with the above text and to ask the doctor additional questions in person. If this was the case, all my questions have been duly answered. I understood the given information in full. I am aware of the fact that the examination need not necessarily be performed by the doctor who informed me of the examination. As an integral part of this declaration I have truthfully circled the answers to the asked questions on this page. Should there occur any complications I consent to the performance of all further acts necessary for the saving of life or health. I consent to this examination on the basis of the provided information and after own consideration, freely and without duress.

.....
Date

.....
Signature of patient (of legal guardian)

Declaration of doctor

I declare that I have duly informed the aforementioned patient (legal guardian) of the purpose, nature, consequences, risks, possible complications of and alternatives to the planned examination, which in my judgment was comprehensible for the patient. **I also informed the patient that an implanted cardiac pacemaker and cochlear implant is an absolute contraindication for the examination.** I also declare that the patient has been informed of the fact that in the event of nausea or other complications during treatment, he or she may use the bell (balloon) to summon medical personnel.

.....
Date

.....
Stamp and signature of doctor

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