



## PMT CLINIC – magnetic resonance site

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### Request form for MR examination

<b>First name, surname</b> Address:	Birth ID No:		
Telephone:	Insurer:	Weight:	kg

<b>Requested examination:</b>
Sending diagnosis – code:
Reason for examination, brief epicrisis:
Allergic expressions in medical history:

<b>Address of sending facility:</b>	
Name of diagnosing doctor:	ID No of medical facility:
Telephone (mobile):	

**The sending (diagnosing) doctor is responsible for the due filling in of the request form and instructing the patient according to the following instructions:**

- the patient will arrive 15 minutes before the appointed time for the ordered examination
- the examination usually lasts 30 – 45 minutes
- during the examination it is necessary for the patient to cooperate and remain completely still
- children from approximately the age of 4 can be examined according to the ability to cooperate
- we only examine patients who are capable of independent respiration

**A COMPLETED PATIENT INFORMED CONSENT FORM CONSTITUTES AN INTEGRAL PART OF THE REQUEST FORM**

**AN IMPLANTED CARDIAC PACEMAKER IS AN ABSOLUTE CONTRAINDICATION FOR THE EXAMINATION!**

We request the sending of previous documentation (MR, CT, ultrasound etc.) and associated results

Date

Stamp and signature of doctor

**Note:** the maximum load of the examination table is 145kg, and the diameter of the examination tunnel is 60cm.

**Bus transport:** route No 44,72,84 bus stop Ústav Kociánka or Královopolská strojírna