

Full name		Identification number	
Phone number	Address		
Weight	Province	Division of National Health Fund	

We kindly request for filling the form below.
All medical data is medical privilege and shall not be used for other purposes.

Have you had:

- | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|---|-------------------|------------------------------|-----------------------------|
| 1 | irregular heartbeat | <input type="checkbox"/> yes | <input type="checkbox"/> no | 4 | Are you pregnant? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 2 | sudden loss of consciousness | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | |
| 3 | anxiety states | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | | |

Certain metal objects or devices may interfere with the MRI procedure, or in some cases may be a medical contraindication to the procedure. Therefore, please indicate the answers to the following question.

Do you have any:

- | | | | | | | | |
|---|---|------------------------------|-----------------------------|----|---------------------------------------|------------------------------|-----------------------------|
| 1 | cardiac pacemaker | <input type="checkbox"/> yes | <input type="checkbox"/> no | 7 | any metallic fragment or foreign body | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 2 | artificial heart valve | <input type="checkbox"/> yes | <input type="checkbox"/> no | 8 | metallic joint prosthesis | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3 | intracranial aneurysm clips | <input type="checkbox"/> yes | <input type="checkbox"/> no | 9 | metallic dental bridgework | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 4 | ventricular or core valve | <input type="checkbox"/> yes | <input type="checkbox"/> no | 10 | metallic intrauterine device (coil) | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 5 | neurostimulators | <input type="checkbox"/> yes | <input type="checkbox"/> no | 11 | metallic surgical suture | <input type="checkbox"/> tak | <input type="checkbox"/> no |
| 6 | cochlear, otologic or other hearing implant | <input type="checkbox"/> yes | <input type="checkbox"/> no | 12 | other implanted metals | <input type="checkbox"/> yes | <input type="checkbox"/> no |

I hereby give my consent to the Magnetic Resonance Imaging procedure with intravenous contrast agent.

City	Signature of the patient	Signature of the Physician
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Note

- MRI procedures during pregnancy (especially the first trimester) should be limited to the life saving indications.
- Absolute contraindication to the MRI procedur is having a:
 - heart stimulator or other biostimulators
 - aneurysm clip(s) (e.g. after surgical procedures on aneurysms)
 - inner hearing prosthesis
 - metallic fragments or foreing bodies in the eses
- If you have any metallic or unidentified material fragments in your body, please consult the MRI Technologist or Radiologist. Name the fragments:
- Estimated duration of the MRI procedure is 30-60 minutes. The procedure requires absolute stillness in the lying on the back position. NOTE, if the patient is hyperactive or suffers from severe pain syndrome disabling the patient to lie still on the back, former arrangement of the date and conditions of the procedure (involving presence of the anaesthetist) with the MRI Technologist or Radiologist, is necessary.
- Tomma Sp. z o.o. has the copyright to the MRI scan reports. Their publication requires the consent of the head of the Unit.
- Before entering the MRI environment or MRI system room, you must remove cellular phones and magnetic strip cards to prevent them from damage.

Declaration: I am not pregnant and I do not have any metallic fragments or foreign bodies in my body (except ones indicated in point 3).

Note!

Remove callular phones and magnetic strip cards before the procedure.

Signature of the patient or his preened guardian, confirming having read the above stated notes.