

INFORMED CONSENT FOR PATIENT UNDERGOING MAGNETIC RESONANCE IMAGING (MRI)

Patient

<u>Name Surname</u>		Medical Label Information: Name, Birth No.; Insurance company; Diagnosis; Department abbreviation; Provider ID (department /healthcare facility); Specialty of field
<u>Birth Number</u>		
<u>Weight</u>	<u>Height</u>	
<u>Phone</u>	<u>E-mail</u>	

For minors or individuals with limited or no legal capacity, this form must be completed by the **patient's legal guardian** or a **witness** who was present when consent was given (if the patient is unable to sign):

Name Surname: Birth Number:

Address:

Reasons why the patient could not sign the consent:

ATTENTION!!!

IF YOU HAVE A PACEMAKER OR DEFIBRILLATOR, YOU ABSOLUTELY MUST NOT UNDERGO A MAGNETIC RESONANCE IMAGING (MRI) EXAM!!!

Inform the staff about this fact and **DO NOT ENTER THE EXAM ROOM!!!**

Nature of the Examination and Its Risks

Magnetic Resonance Imaging (MRI) is an imaging method that doesn't use X-rays. Instead, it utilizes a magnetic field. Harmful biological effects haven't been proven to date. Nevertheless, it's considered risky during pregnancy (especially in the first 3 months) to protect fetal development.

Any metallic objects can cause injury to you or the staff, and sometimes even damage to the equipment! Therefore, before entering the exam room, please remove them in the changing cubicle – watches, keys, coins, hearing aids, mobile phones, credit cards, hairpins, jewelry, etc.

Patients should arrive 2–3 hours having fasted and must not smoke.

You'll be placed in a strong magnetic field. During the examination, you'll hear noise produced by the MRI machine, and you might also feel a slight warmth in the examined area of your body. These accompanying phenomena are common and occur during most procedures – your hearing will be protected from the noise by headphones or earplugs.

The entire examination takes 20–60 minutes. During this time, you must lie still and not move. If you experience any discomfort or unpleasant sensations, you can immediately contact the MRI staff using the signaling device – a call button.

In some cases, intravenous administration of a contrast agent is necessary, which the examining physician decides. Allergic reactions to contrast agents used in MRI are very rare, and MRI facilities are equipped to manage them.

Post-Examination Regimen

After an examination with a contrast agent, the patient should remain in the MRI waiting room for 30 minutes, after which there are no restrictions. If, after the examination with a contrast agent, possible signs of an allergic reaction (skin rash, nausea, shortness of breath) appear outside the MRI facility, immediately notify your treating physician or (after an outpatient MRI examination) the medical emergency service! Breastfeeding mothers should interrupt breastfeeding for 24 hours after contrast agent administration. Within 24 hours, the contrast agent will be virtually completely eliminated from your body.

Please pay close attention to the following questions. Indicate (by circling):

- Do you suffer from **fear of enclosed spaces – claustrophobia?** Yes No
- Do you suffer from **allergies to medications** – which ones? Yes No
- Do you suffer from **other allergies** – which ones? Yes No

Are any of the following located in your body:

- **Metal clips** after surgery, **metal joint replacements?** Yes No
- **Heart valve replacement(s)?** Yes No
- **Cochlear (ear) implant?** Yes No
- **Metal fragments** in your eye or elsewhere in your body? Yes No
- **Inserted stent** (vascular reinforcement, etc.), **foreign materials?** Yes No

Have you had a **serious kidney disease?** Yes No
 Have you undergone an **organ transplant** (liver, kidney, etc.)? Yes No

For women:

- Do you have an **intrauterine device (IUD)?** Yes No
- **Are you pregnant?** Yes No

If you answered YES to any question, please immediately inform the specialized medical staff at the MRI facility!!!

Alternative Examination Options

This depends on the nature of the illness and the area being examined. For some types of conditions, there isn't an equivalent alternative method.

Patient's Additional Questions

Declaration of the Qualified Healthcare Professional Who Instructed the Patient About the Examination

I declare that I have informed the above-mentioned patient (legal guardian) in an understandable manner about undergoing the magnetic resonance imaging examination, including warning them about possible complications.

Date	Radiologic Assistant	Doctor
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Patient Consent

I, the undersigned, declare that I have been clearly informed by the referring physician or qualified healthcare professional of all the above-mentioned facts, including warnings about possible complications and their solutions. Alternative options and potential risks of not undergoing the procedure have been explained to me. I have understood them and had the opportunity to ask additional questions, which were answered. Based on the information provided and after my own consideration, I agree to undergo the magnetic resonance imaging examination.

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Date

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Signature of Patient
(Legal Guardian, or Witness if applicable)