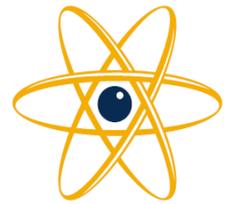


**Radiologisches Zentrum Burgenlandkreis
Dr. Ringleben, Dr. Schaumlöffel-Schulze,
Dr. Becker, Dr. Bergert
06618 Naumburg, Köseiner Str. 30
06667 Weißenfels, Selauer Str. 5
06712 Zeitz, Am Herrmannschacht 8**



Questionnaire for Magnetic Resonance Imaging (MRI)

An MRI requires a very strong magnetic field and radio waves (no x-rays). Depending on your clinical condition, the application of intravenous contrast medium might be necessary. Allergic reaction or other intolerances to this non-iodine contrast medium are considered to be extremely rare.

Because of the strong magnetic field there are strict measures to be maintained!

Please leave all metal and magnetic devices in the changing room such as watch, glasses, jewellery, hearing aids, removeable metal parts on your clothing and similar things.

The examination is not possible with patients with cardiac pacemaker or ear-implants!

The examination takes about 20 to 30 minutes.

As a safety check and in the order to perform the examination properly, we kindly ask you to answer the following questions correctly:

Name:.....

Date of birth:.....

Phone:.....

Weight:.....

- | | yes | no |
|---|--------------------------|--------------------------|
| 1. Do you have a cardiac pacemaker? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have any metal parts or implants in your body?
(i. e.: vessel clip, projectile, fragments, artificial joints?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you wear neurostimulator or medical drug infusor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever undergone heart or brain surgery? If yes, when?
..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had a MRI before?
..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is a pregnancy possible? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you aware of renal malfunction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you agree with an intravenous contrast medium, if necessary? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you take medical drugs regularly? If yes, which ones?
..... | <input type="checkbox"/> | <input type="checkbox"/> |

I agree to have the examination performed, and I have no other questions.

.....
Place, date

.....
Signature of patient

.....
Place, date

.....
Signature of doctor