Dear patient,

You are about to undergo an examination by Magnetic Resonance Imaging.
The Magnetic Resonance Imaging (MRI) is a method that allows the visualization of organs that are not accessible from the outside of the body. For this examination, you will be placed in a device in which a timely constant magnetic field is being created.
At this point, we would like to explain the procedure and inform you about any potential risks.

Procedure

- The examination takes usually around 30-60 minutes.
- During the exam, it is very important that you stay as motionless as possible. In case of eventual discomfort, you will be able to always communicate with our staff.
- If it is necessary, you will be administered contrast media into your vein.
- During the exam, you will hear loud knocking sounds. This is perfectly normal. We will provide you with ear protectors.

After the examination

You may pursue your usual activities after the exam.
In case you received a tranquillizer from us, within the next 12 hours, do not:

- **operate dangerous machinery**
- **drive a vehicle**

Should you notice anything unusual until the following day of your examination, please contact us immediately.

Important

Due to the very strong magnetic field, no items or devices that are made of or contain any metal, or that react strongly on magnetic exposure, may be taken in the examination room. Please imperatively remove all such items or devices (e.g. mobile phones, coins, bank and credit cards, pens, keys, barrettes, watches, jewelry, glasses, belts, hearing aids, radios, pager etc.) before entering the examination room!

Attention: the magnetic field is always active!

Do absolutely not enter the examination room at any times before requested by our staff!

Risks

As the MRI does not use X-Ray, there are no harmful side-effects known yet.

- If you have a tattoo (or permanent make-up) in the area to be examined, please inform your doctor. A risk of smoothing or staining and heating of the area, especially in the case of black tattoos or tattoos with circles, may occur due to the magnetic fields used for the examination.
- If you are given a contrast medium, it is possible that an allergy may occur in rare cases.
- In the case of a compatible cochlear implant, the possibility of displacement cannot be excluded.

To prevent this risk and other eventual contra-indications, we kindly ask you to answer the safety questionnaire.
We are at your disposal for any further information.

Name: _____ Date of birth: / /

First name: _____ Weight: kg

Height: cm

	YES	NO
Have you ever had an MRI exam before?	☐	☐
Do you have a pacemaker, an implanted heart defibrillator or a neuro-stimulator?	☐	☐
Do you have an insulin pump?	☐	☐
Have you ever had any surgery to your heart?	☐	☐
Have you had any surgery on your head?	☐	☐
Do you wear dentures? Fix ☐ Removable ☐	☐	☐
Have you any metal fragments in your body?	☐	☐
• Implants, prostheses, screws, plates, heart valve, stents or clips after surgical intervention, IUD, piercing, false eyelashes	☐	☐
• Fragments of metal (in the eyes)	☐	☐
• Other: _____	☐	☐
Do you suffer from any food or drug allergy or do you have asthma? If yes, which: _____	☐	☐
Do you suffer from an allergy to contrast products?	☐	☐
Do you suffer from kidney disease or kidney failure?	☐	☐
Do you have any tattoos or permanent makeup?	☐	☐
Have you had any endoscopic capsule in the last 2 months?	☐	☐
Do you have an ear implant?	☐	☐
Do you wear a medicine patch? (Ex. NICOTINELL®, SCOPODERM®)?	☐	☐
Do you wear a glucose monitoring system (Ex. FreeStyle Libre)?	☐	☐
Do you suffer from claustrophobia?	☐	☐
Have you had any operation in the body part to exam? If yes, which: _____ When? / /	☐	☐
Female patients only: Are you, or could you be, pregnant?	☐	☐
Are you breast feeding?	☐	☐

Remarks / additional information? _____

By signing below, I confirm to have read the information about this exam and understood and correctly answered this questionnaire and give my consent to the conduct this exam. To better assess my case, I accept that Affidea can request previous reports or exams.

Signature of patient: _____ Date: / /