

COMPLETION OF NUCLEAR MAGNETIC RESONANCE

DETAILS OF THE PATIENT OR FAMILY MEMBER (LEGAL REPRESENTATIVE) IF REQUIRED

NAME AND SURNAMES: _____

NIE/PASSPORT: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

EXAMINATION REQUIRED: _____

Dear Sir or Madam:

The Magnetic resonance examination is a wholly innocuous and non-invasive examination.

The examination is performed without using X-rays; instead it uses a strong magnetic field and radio frequency waves similar to television broadcasts.

During the performance of the examination you will hear a rhythmic noise due to the normal functioning of the device. The greatest degree of immobility possible should be maintained while you are on the stretcher, in order to achieve the best quality diagnostic images.

In some cases, the administration of a paramagnetic contrast agent may be required; this administration is innocuous and they are no detailed cases of an allergic reaction or intolerance. In any case, the explicit consent of the patient is essential.

You may be called, once the examination has ended, to speak to the radiologist or to complete the study; you should not be alarmed, it is usually only to better assess your problem. The staff at Parejo y Cañero Clinic shall be readily available for any consultation or doubt that may arise after the examination.

And, finally, we request that you answer the following questionnaire before completing the medical test.

PATIENT'S SIGNATURE



QUESTIONNAIRE PRIOR TO THE COMPLETION OF THE MAGNETIC RESONANCE EXAMINATION

Do you suffer from claustrophobia? _____ YES NO

Have you ever had a serious traffic accident? _____ YES NO

Do you currently have a severe health condition _____ YES NO

Have you recently undergone surgery? _____ YES NO

If the previous answer is affirmative, state which body part:

Do you have:

- Prosthetics or metallic fragments _____ YES NO
- Cardiac pacemaker or other type of cardiac catheters? _____ YES NO
- Aneurysm (blood vessels), aorta, brain copper clips? _____ YES NO
- Correctors for the vertical column? _____ YES NO
- Infusion pump for insulin or other medicine? _____ YES NO
- Foreign bodies in the ear or hearing implants? _____ YES NO
- Neuro-stimulators, electrodes implanted in the brain? _____ YES NO
- Metallic prosthetics, screws, clamps, etc? _____ YES NO
- Fixed or mobile dental prosthetics _____ YES NO
- ¿I.U.D.? _____ YES NO

IN ORDER TO PERFORM THE EXAMINATION REMEMBER NOT TO HAVE:

- Contact lenses, mobile telephones, hearing devices, credit cards and other magnetic cards, watches, etc.

DATE:

PATIENT'S SIGNATURE

