

# Radiologische Gemeinschaftspraxis Korbach

Name: \_\_\_\_\_ DoB: \_\_\_\_\_

General practitioner: \_\_\_\_\_

For the smooth progress of the planned MRI-examination, we ask you to please answer the following questions:

1. Do you have any of the following implants?

Cardiac pacemaker?  yes  no

Neurostimulator?  yes  no

Insulin-pump?  yes  no

Cochlea implant (inner ear)?  yes  no

2. Any other, bioelectrical devices?  yes  no

3. Do you wear a hearing aid?  yes  no

4. Stents or clips in arteries or veins?  yes  no

5. Do you have an artificial heart valve?  yes  no

6. Do you wear tattoos, Piercings or permanent make up ?  yes  no

7. Do you wear drug-containing patches? (i.e.. Neupro® with parkinson`s disease)?  yes  no

8. Are there metallic parts (i.e. nails or platzes after osteosynthesis) in your body?  yes  no

9. Do you wear a denture?  yes  no

10. Have you ever been operated at heart, head or eyes?  yes  no

11. Have you been already operated at the bodypart, we are supposed to examine today?  yes  no

12. Women: Are you or could you eventually be pregnant?  yes  no

13. Do you suffer allergies or an asthmatic disease (i.e. hay-fever, aliments, drugs)?  yes  no

14. Do you have a known malfunction of the kidneys?  yes  no

15. What is your body weight? \_\_\_\_\_

16. Are you claustrophobic?  ja  nein

*Please leave your hearing aids, watch, cell-phone, purse, keys and metallic devices in the changing cubicle.*

**I agree with the intravenous injection of a contrast agent, if necessary. I hereby consent to the suggested examination.**

Korbach, \_\_\_\_\_ signature: \_\_\_\_\_

Declaration of consent:

According to § 73 Abs.1b SGB V I hereby agree, that the results of my examination may be forwarded to those doctors who treat me and that Dres. Herrmann/Bartels/Hoenle are allowed to obtain medical informations from other medical professionalists.

Korbach, \_\_\_\_\_ signature: \_\_\_\_\_