



RADIOLOGIE BADEN-BADEN

Dr MEIER Dr STOLDT Dr: LADNER Prof. PLATHOW PC Dr PALMOWSKI

Pat. no.:
MR -
MRI performed by
IV injection: Yes No
Performed by:
Performed on:
Physician.: Factor

Surname:
First name:
Date of birth:
Phone:
Address:
Insurance: Standard tariff Yes No
Body weight: kg Height: cm
Findings report forwarded to:

This procedure cannot be performed on patients with pacemakers!

Complaints.....

	<i>Yes</i>	<i>No</i>
Do you use a pacemaker, medication pump, or hearing aids?		
Have you ever had surgery of the heart, head, internal organs, or inner ear?		
Do you wear removable dental prosthesis?		
Are there any metal parts in your body? (e.g., knee/hip prosthesis, surgical clips, or shrapnel)		
Could you have metallic, foreign objects in your eye?		
Are there any probes (e.g., ECG or the like) on your body?		
Do you have tattoos or piercings or jewelry under the skin?		
For women only: Are you currently pregnant? Are you breastfeeding?	/	
Do you have any allergies?		
Do you suffer from impaired renal function?		

Before the procedure: Since metal parts in the magnetic field are dangerous and can interfere with the image quality, you must remove the following objects before entering the examination room:

- Wallet (the magnetic field deletes data on EC and magnetic cards)
- Jewelry, watch, belt, bra, coins, and other loose parts
- Eyeglasses, hearing aids, or removable dental prosthetics

During the examination, you will lie in a tube that is open on the front and rear. There is a camera and microphone for contact with the personnel. In addition, you will receive an emergency ball before the examination that you can trigger if necessary / in case of an emergency. You will also receive earplugs or headphones since the device produces loud noises during the examination.

In case **administration of a contrast agent** is necessary, the administration will be intravenous. Allergic reactions, e.g., nausea and vomiting or skin and mucosal swelling, are relatively rare. Similarly, cardiovascular reactions are very rare and can be treated. Please feel free to contact us if you have any more questions. **Declaration of consent:**

After careful consideration, I consent to the magnetic resonance imaging of the

_____ (body region) and, if necessary, the administration of contrast agents.

Until further notice, I hereby consent that my treating physicians obtain findings from other service providers and forward findings obtained from me to other attending physicians in accordance with § 73 (1b) of Social Code Volume V.

A copy of this medical history will be granted to you on request.

Baden-Baden, date
Signature of the doctor

Signature of the patient/caretaker/guardian