Magnetic Resonance Tomography (MRT)

Important Information about Magnetic Resonance Tomography (MRT)

Magnetic resonance tomography (MRT, NMR, MR, MRI) is a modern investigative procedure that enables us to obtain images of the human body without the use of X-rays, and hence to gain knowledge about a large number of diseases. For the investigation, you will be placed upon a specialised bed and transported into the investigation tunnel of the machine, inside of which a strong magnetic field will act upon you. Then, high-frequency pulses (radio waves) will be transmitted. At the same time, loud knocking noises will result, caused by the rapid electrical switching operations and which indicate that the machine is operating normally. The signals that your body will send out as a result of these pulses are received by special antennas (coils) and transformed into images by a high-performance computer system. Before the investigation, all objects made of iron or other magnetic metals (piercings, hair slides, removable dental prostheses, jewellery, glasses, keys, watches, hearing aids, mobile telephones, as well as check and credit cards and any other objects) must be removed and left in the cubicle, because they will disrupt the magnetic field, and this could then lead to considerable injuries. Therefore, for safety reasons, on no account should you take these objects with you into the examination area. Please also leave credit cards and any other digital storage devices in the cubicle as these can be erased by the magnets in the examination room.

Please inform us before the investigation if you suffer from claustrophobia in confined spaces or are very sensitive to noise. In that case, we will be pleased to give you a sedative and, if necessary, hearing protection. It is important that you lie and remain relaxed, breathe slowly and regularly and do not move during the investigative frequencies, in which you will hear the loud knocking noises. During the investigation, you will be able to talk to the doctor and/or the assistant at any time over an intercom, should any problems occur. The process has been in use for many years and has shown itself to be well tolerated by the human body. Nevertheless, in the first three months of a pregnancy, the investigation is recommended only for severe indications. As part of the investigation that is planned for you, it is possible that the intravenous administration of a contrast medium will be necessary. Contrast media are generally well tolerated; in the case of a hypersensitivity (allergy), it is however possible that nausea, itching, skin rashes or other similar reactions could occur and that these typically disappear again quickly. Hypersensitivity reactions of individual organs or of the circulatory system are rare. If, in the hours or days following the investigation, skin rashes, skin itchiness, nausea or pains appear, then please visit a doctor immediately. Serious, life-threatening reactions are extremely rare.

Please note that it is not possible to carry out magnetic resonance tomography on persons with any bioelectrical implants (e.g. cardiac pacemakers, insulin pumps, neurostimulators, inner ear prostheses). Metallic components in the body such as fixed dental prostheses, joint prostheses or metal plates following an operation on a bone fracture do not typically present a problem. Make-up and tattoos could occasionally lead to mild skin irritations. If a sedative is administered, then you are forbidden from taking an active part in street traffic, working on running machines or performing any dangerous activities for the next 12 to 24 hours, as your ability to react will be considerably reduced for that period of time.

For the smooth running of the investigation, we request that you answer the questions printed on the next page as accurately as possible.

If you have any further questions about the investigation, we will of course be happy to answer them. You can find further information in our patient portal at **www.radiologie.de.**

Non-binding questionnaire, created under Best Practice point of view and from relevant experience. No liability for correctness and completeness. The present questionnaire serves patient education in the framework of diagnostic measures and in no way replaces the personal interview carried out with the patient before the diagnostic treatment and the individual therapeu¬tic consultation. All patient details are voluntary.

Explanation and Anamnesis Practice Stamp: Magnetic Resonance Tomography (MRT)

Surna Date/		ate of Bir /eight:	th:	
Anamnesis (Medical history) for Magnetic Resonance Tomography (MRT)				
To ensure that the investigation runs smoothly, we request that you still answer a few questions.				
1.	Have you had the following devices implanted?			
	 Cardiac pacemaker? 	yes 🗌	no 🗌	
	 Neurostimulator? 	yes 🗌	no 🗌	
	 Insulin pump? 	yes 🗆	no 🗌	
	 Inner ear prosthesis (cochlear implant)? 	yes 🗌	no 🗌	
	Any other bioelectrical implants?	yes 🗌	no 🗌	
2.	Do you wear a hearing aid?	yes 🗆	no 🗌	
3.	Do you have vessel wall supports, such as, for example, stents or vascular clamps?	yes 🗆	no 🗌	
	If yes, for how long?	,		
4.	Do you have an artificial cardiac valve?	yes 🗌	no 🗌	
5.	Do you have any tattoos, piercings or permanent make-up on your body?	yes 🗌	no 🗌	
6.	Are you wearing a medicinal plaster? (e.g. Neupro (for Parkinson's disease))?	yes 🗌	no 🗌	
7.	Are there any metallic components in your body, such as metallic or shell splinters, pins			
	from operations, metal plates following an operation on a bone fracture or joint prosthese	s? yes 🗌	no 🗌	
8.	Are you wearing a dental prosthesis and/or a magnetic dental implant?	yes 🗌	no 🗌	
9.	Have operations been performed on your heart, head, eyes or on another part of the bod	y? yes 🗌	no 🗌	
	If yes, when?			
10.	Have you already been operated on in the area of the body that we want to investigate toda	ay? yes 🗌	no 🗌	
11.	For women: Are you pregnant? Is there a possibility that you are pregnant?	yes 🗌	no 🗌	
12.	For women: Are you currently breastfeeding a child?	yes 🗌	no 🗌	
13.	Are you aware of any allergies or asthma that you have (hay fever, foodstuffs,			
	medication (e.g. iodine) or similar)?	yes 🗌	no 🗌	
14.		yes 🗆	no 🗌	
15.	Are you aware of having any infectious diseases (e.g. Hepatitis, HIV)?	yes 🗌	no 🗌	
16.	Do you consent to the administration of a contrast medium, if necessary?	yes 🗌	no 🗌	
17.	Do you suffer from anxiety in confined spaces?	yes 🗆	no 🗌	
18.	Do you have a glaucoma (green star)?	yes 🗆	no 🗌	
19.	Do you have a painkiller intolerance (e.g. Dormicum)?	yes 🗌	no 🗌	
20.	Do you take any regular medications (e.g. anti-depressives)? Which ones?			

Important: Before the start of the investigation, you must remove all loose metallic objects. This includes objects such as piercings, hair slides, removable dental prostheses, jewellery, glasses, keys, watches, hearing aids and mobile telephones, as well as any check or credit cards and other similar objects.

I have read the information sheet and answered the questions about my medical history to the best of my knowledge. My questions have been answered completely and in an understandable manner and I have been given a copy of the completed questionnaire. I consent to the carrying out of the MRT investigation.

Patient/custodian(s)*/supervisor

Date, signature

(For minors: the signature of the parent/guardian)



Doctor:

Date, signature

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*In principle, both custodians should sign here. If the signature of only one of the custodians is present, then the signatory ensures that he/she is acting in agreement with the other custodian or that he/she has sole custody of the child.