

## MRI safety questionnaire

**Please answer the questions below carefully and return the form when you come for the examination.**

**Name** \_\_\_\_\_ **Identity number** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Height** \_\_\_\_\_ cm **Weight** \_\_\_\_\_ kg

Your safety during the scan is important for us. Please answer the questions below.

	Yes	No
<b>Have you had surgery?</b>		
<b>Do you have any foreign objects in your body?</b>		
<b>Question for women: Are you pregnant?</b>		
<b>Do you have any of the following?</b> If you answered "YES" any of the below, please contact the MRI unit over the phone.		
Do you have pacemaker or pacemaker cables?		
Nerve stimulator or stimulator cables		
Aneurysm or surgical clips or coils		
Inner or middle ear implant		
Prosthetic heart valve		
Pharmaceutical pump		
Metal fragments in the body		
Shunt in brain		
Tissue expander for breast		

**Glucose sensor, medical patch and/or hearing aid must be removed before the scan.**

A prosthetic joint, sterilization clips, dental prosthesis or dental braces do not normally prevent conducting the examination. If you have an implant card kindly take it with you.

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**Date and signature**