

## MRI safety questionnaire

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

Name \_\_\_\_\_

Identity number \_\_\_\_\_

Height \_\_\_\_\_ cm    Weight \_\_\_\_\_ kg

**Please answer the questions below.**

Have you had surgery? \_\_\_\_\_

Do you have any foreign objects in your body? \_\_\_\_\_

Are you pregnant? \_\_\_\_\_

**Do you have any of the following? If you answered "YES" any of the below, please contact the MRI unit over the phone.**

**Yes    No**

|  | Yes | No |
|--|-----|----|
| Pacemaker or pacemaker cables                            |     |    |
| Nerve stimulator or stimulator cables                    |     |    |
| Aneurysm or surgical clips or coils                      |     |    |
| Inner or middle ear implant                              |     |    |
| Pharmaceutical pump                                      |     |    |
| Metal fragments, bullets, or shotgun pellets in the body |     |    |
| Shunt in brain   |     |    |
| Tissue expander for breast                               |     |    |
| A medical implant installed outside of Finland           |     |    |

## **Please notice!**

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

A prosthetic joint, prosthetic heart valve, sterilization clips, dental prosthesis or dental braces do not normally prevent conducting the examination. Tell the MRI unit staff about them. Technical sportswear and medical compression garments may contain silver. They cannot be worn during the scan and you must wear hospital clothes instead. Eye make-up is not allowed in any MRI scans of the head. If you have an implant card kindly take it with you.