

Patient name

For your own safety, we ask you to answer the following questions:

- 1.) Do you have a pacemaker or an artificial heart valve? yes no
- 2.) Did you ever undergo heart surgery or brain surgery? yes no
- 3.) Do you wear electronic implants (e.g. insulin pump)? yes no
- 4.) Did you ever undergo vascular surgery (stent or bypass)? yes no
- 5.) Are there any metallic parts in your body? (e.g. joint prosthesis, surgery clips, shards of metal ...)? yes no
- 6.) Do you have an implant in your ears ? yes no
- 7.) Do you have hepatitis, AIDS, tuberculosis? yes no
- 8.) Are there any known allergies? yes no
- 9.) Is there a possibility that you might be pregnant? yes no
- 10.) Do you breastfeed your baby? yes no
- 11.) Are you using an intra-uterine-pessary (spiral)? yes no
- (If yes, we recommend a gynaecological examination, following the MRI, to check the correct position of the IUP)

Body height: _____ cm Body weight: _____ kg

As part of the treatment contract, I am obliged to **cooperate positively**.

In order to create a medical diagnosis it is necessary to save your data in the RIS (radiological informationsystem) and your digital pictures in the PACS (picture archiving and communicating system) of the hospital in Horn.

If it is necessary for your treatment or diagnosis, your digital pictures will be transferred to other hospitals or radiologists.

In case of hospitalisation on the **examination day**, I will inform the institute regarding my hospitalisation by letter.

Consent to get a contrast medium injection

Depending on the examination, it may be necessary to administer a contrast medium injection. Adverse reactions associated with MRI-contrast medium are known, but occur very rarely and usually with low-grade and fast transient discomfort (a sensation of warmth, nausea, vomiting, itching). Serious adverse reactions (e.g. dyspnoea, circulatory failure etc.) have been observed in rare cases. yes no

Consent regarding data privacy

I consent that the generated pictures can be **anonymised** and used in further scientific research. yes no

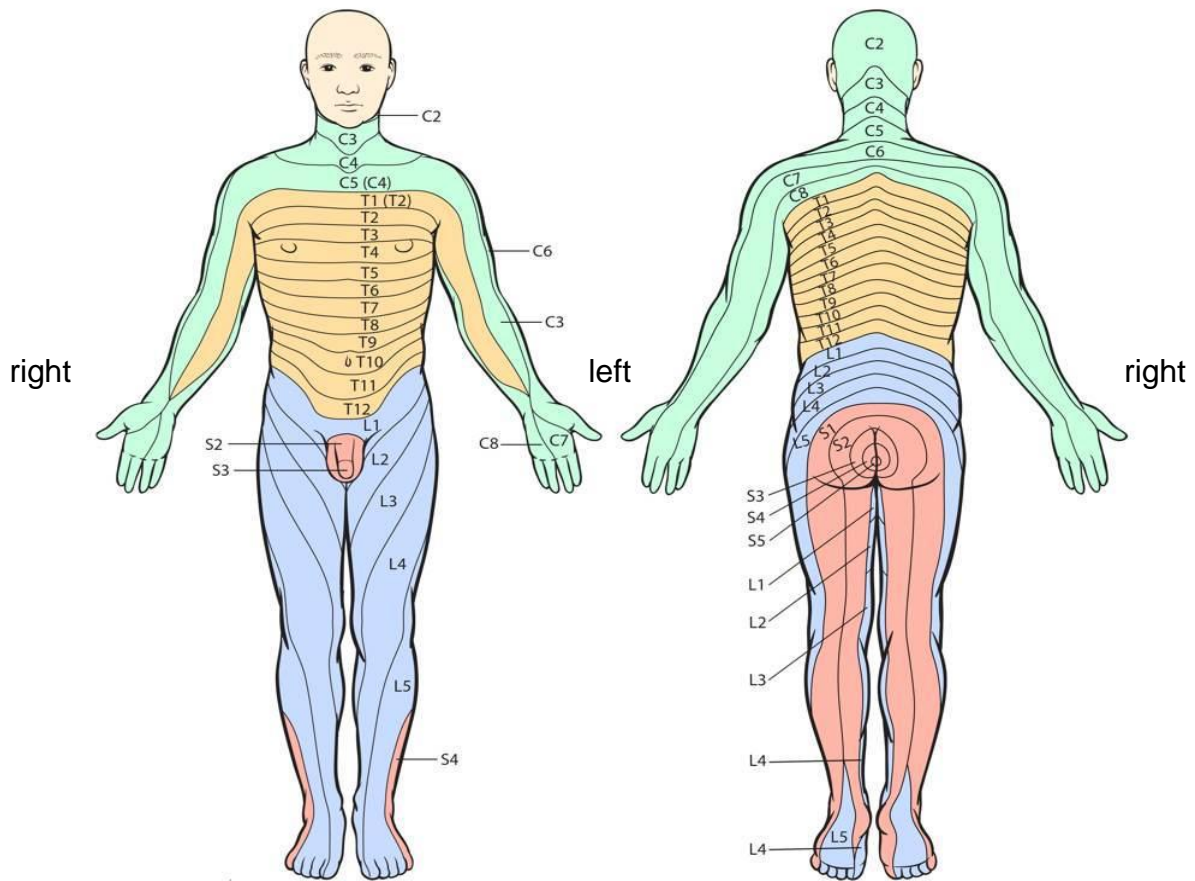
Consent to undergo the MRI-examination

With my signature I confirm, that I read and understood the text, furthermore I carefully answered the above-asked questions. I agree to undergo the suggested MRI-examination.

We request you to lay still during the entire examination.

PLEASE TURN TO THE NEXT PAGE

Patient questionnaire



Please describe and point out (in the image above) your medical conditions: _____

Since when do you have this condition? _____

Did you have an accident/fall/sports-injury? yes no

Has the region to examine ever been operated? yes no

signature patient

signature doctor

Horn, on the

signature staff