

Hämeenlinna unit, Radiology department

Preliminary questionnaire for an MRI scan of the _____

Name _____

Personal ID _____

You have an appointment for an MRI scan on _____ / _____ 20 _____ at _____

Please arrive at the radiology department 15 minutes before your appointment.

The scan will take 30-60 minutes. However, please reserve 2 hours of your time.

If you suffer from claustrophobia, contact your referring unit (outpatient clinic or ward) for possible premedication.

Height _____

Weight _____

Do you have a (circle the option that applies):

Pacemaker	Yes	No
Artificial heart valve	Yes	No
Cochlear implant	Yes	No

If you answered yes to any of the above, **please contact** your referring unit or the magnetic resonance imaging unit, tel. (03) 629 3068.

Do you have a (circle the option that applies):

Medical pump	Yes	No
Metal prosthesis	Yes	No
Surgical clips	Yes	No
Metal shrapnel	Yes	No
You are currently pregnant	Yes	No

Type and year of previous surgeries performed on you: _____

The scan is not usually performed less than 2 weeks after a surgery.

Intrauterine devices and sterilisation clips do not prevent the scan from being performed.

Piercings and other jewellery must be taken off before the scan.

For scans of the head and neck area, makeup must be removed before your appointment.

Bandages with metal foil must be removed before the scan.

Signature of the respondent _____

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