

SURNAME:

NAME:

DATE OF BIRTH:

ADDRESS:

RM EXAMINATION REQUIRED:

&lt;spazio per barcode e CF&gt;

DOCTOR:

**INFORMATION NOTE ON THE RM EXAM**

Magnetic resonance imaging (MRI) is a diagnostic technique that does not use ionizing radiation or radioactive substances but exploits the use of intense static magnetic induction fields and radio frequency (RF) electromagnetic waves. In some types of investigation, the contrast agent with paramagnetic properties should be administered intravenously to the patient. With the exception of these cases, MRI is configured as a non-invasive diagnostic test.

The MRI examination, based on current knowledge, does not involve significant biological effects on patients without contraindications and is carried out in accordance with safety rules and standards. Although there is no evidence to demonstrate an embryo's sensitivity to static magnetic induction and RF electromagnetic waves, it is prudent not to perform the MRI examination in patients during the first trimester of pregnancy.

During the MRI examination, the onset of adverse reactions is very rare. The most probable occurrence is represented by a passing claustrophobia crisis. The use of the paramagnetic contraction medium is generally tolerated and does not cause any particular sensation. However, hypersensitivity episodes such as urticaria or other allergic phenomena can rarely occur. In very rare cases, episodes of anaphylactic shock have been reported. The MRI site always guarantees the presence of specialized medical personnel ready to intervene in the event of medical emergencies of this kind.

**EXECUTION OF THE RM EXAM**

Patients can undergo the MRI examination only after exclusion of any possible contraindication, to be ascertained by the Radiologist (MR) and the medical technician of medical radiology (TSRM), after using the anamnestic questionnaire and the informed consent form. To perform the MRI examination, the patient must:

- Remove any make-up for the face and hair spray;
- Metal, ferromagnetic or magnetic support objects (cell phones, coins, watches, keys, earrings, pins, jewelry, hair clips, magnetic cards, credit cards, etc.) in the locker room or in the appropriate lockers;
- Remove any dental prostheses and hearing aids;
- Remove contact lenses or glasses;
- Undress, and then put on the appropriate disposable gown provided by the technical staff;
- Use the headphones or earplugs provided.

The average duration of the MRI exam is approximately 30 minutes, it can vary in relation to clinical needs and the number of anatomical districts to be examined. During the data acquisition phase, rhythmic noises of variable intensity are heard caused by the normal operation of the MRI equipment. The conditions of ventilation, lighting and temperature are such as to ensure maximum well-being and reduce possible claustrophobic effects. During the examination phase it is necessary to remain calm and maintain the maximum degree of immobility in order not to compromise the diagnostic result of the image. Regular breathing and swallowing saliva do not disturb the examination. In some types of investigation, the patient may be required to collaborate through respiratory acts and short periods of apnea in order to improve the diagnostic quality of the images.

In the control room there is always a service staff ready to intervene in case of any need. The patient is always in vocal, acoustic and visual contact with the operators, who perform constant checks throughout the examination phase. In the event of the onset of ailments, such as a feeling of claustrophobia, heat, itching, breathlessness, palpitations or fainting, the patient should be advised as soon as possible, using the appropriate signaling devices.

**PRELIMINARY QUESTIONNAIRE**

The anamnestic questionnaire is intended to ascertain the absence of contraindications to the MRI examination or the non-relevance of specific preventive investigations. This questionnaire must be carefully completed and signed by the Doctor in charge of the Diagnostic Performance, who, in relation to the answers provided by the patient, can conclude that there are no contraindications to the MRI examination. The countersignature of the patient at the foot of the same page, at the bottom of the consent formula, also guarantees his full awareness of the serious consequences deriving from false or false answers to the questions submitted to him.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| ○ Does it have pacemakers, other cardiac catheters or heart valves?            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ○ Are you wearing hearing aids or cochlear implants?                           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ○ Have you previously performed MRI exams?                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ○ Have you had allergic reactions after administration of the contrast medium? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ○ Do you suffer from claustrophobia?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ○ Do you work or have you ever worked in mechanical workshops?                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

- Have you ever had road or hunting accidents?  YES  NO
  - Is the patient pregnant? If YES, how many weeks? \_\_\_\_\_  YES  NO
  - Does the patient wear the spiral or other intrauterine bodies?  YES  NO
  - Has undergone major surgery (head, neck, chest, abdomen, extremity, other)  YES  NO  
If YES, specify which interventions \_\_\_\_\_
  - Do you have surgical clips, vascular stents or metal splinters?  YES  NO
  - Do you have metal prostheses, screws, nails, etc.? If YES, indicate where \_\_\_\_\_  YES  NO
  - Are you wearing fixed or mobile dental prostheses?  YES  NO
  - Are you wearing crystalline implants?  YES  NO
  - Does it have an infusion pump for insulin or other drugs?  YES  NO
  - Is it equipped with neurostimulators, electrodes implanted in the brain or subdural?  YES  NO
  - Do you have tattoos? If YES, indicate where \_\_\_\_\_  YES  NO
  - Do you have piercings? If YES, indicate where \_\_\_\_\_  YES  NO
  - Do you use medical patches?  YES  NO
  - Do you wear contact lenses?  YES  NO
- ✓ To perform the MRI examination, it is necessary to remove: contact lenses - hearing aids - dentures - temporary mobile crowns - hernial belt - hair clips - clothespins - glasses - jewelry - watches - credit cards or other magnetic cards - money clips - coins - keys - metal buttons - pins - zippered clothes - nylon stockings - acrylic clothing - metal tweezers - staples - scissors - any other metal objects.
- ✓ Before undergoing the MRI exam, please remove facial cosmetics.
- ✓ At the time of the examination, it is recommended to present all the clinical and radiological documentation relating to investigations previously carried out, also in other locations.
- ✓ The exam is delivered on CD.

**The Doctor responsible for performing the MRI examination**

Taking note of the answers provided by the patient and having carried out any medical examination and / or further preliminary diagnostic investigations, he authorizes the execution of the MRI investigation.

Date \_\_ / \_\_ / \_\_\_\_ signature of the Responsible Doctor \_\_\_\_\_

**Informed consent to the RM exam**

The patient believes he has been sufficiently informed about the risks and contraindications related to exposure to electromagnetic fields generated by MRI equipment. Therefore, aware of the importance of the answers provided, I agree to the examination.

Date \_\_ / \_\_ / \_\_\_\_ signature of the Responsible Doctor **X** \_\_\_\_\_

**Informed consent to the administration of the contrast medium**

The patient is considered sufficiently informed on the risks associated with the administration of the contrast medium. Therefore, made aware by the Doctor in charge of the diagnostic performance of the evaluation of the related benefits and risks, he consents to their administration.

Date \_\_ / \_\_ / \_\_\_\_ signature of the Responsible Doctor **X** \_\_\_\_\_

**Space reserved for parents or guardians linked in the case of minor patients**

I, the undersigned \_\_\_\_\_ parent exercising parental authority or legal guardian of \_\_\_\_\_ authorizes the execution of the MRI examination in the manner deemed most appropriate by the radiologist and makes himself responsible for the authorization also by the other parent.

Date \_\_ / \_\_ / \_\_\_\_ Signature of parent or legal guardian \_\_\_\_\_

Date \_\_ / \_\_ / \_\_\_\_ Signature of the responsible minor (between 14-17 years) \_\_\_\_\_