

 RADIOLOGIE MRI	DR. M. BAEKELANDT – DR. K. BOEREN – DR. S. BRIJS – DR. I. CREVITS – DR. G. DEBAKKER – DR. R. DE MAN – DR. F. GOVAERE – DR. S. GRYSPEERDT – DR. M. HERMAN – DR. E. LARIDON – DR. PH. LEFERE – DR. J. MARRANNES – DR. F. ROSSEEL – DR. T. RYCKAERT – DR. A. TIELEMAN – DR. B. VAN HOLSBEECK – DR. D. VIOLON
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<i>Patiënt identification:</i>	Referring physician :
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CHECKLIST CONTRAINDICATIONS MRI:

Carefully read this list and answer the questions. When in doubt, please contact the MR-technologist.

What is the reason for the MR exam ?
 What kind of surgery have you already had ?.....
 Weight : Height:

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| Do you have a pacemaker or defibrillator ? | Yes / no |
| Do you have a Deep Brain Stimulator (DBS) ? | Yes / no |
| Do you have a neuro- or nervestimulator ? | Yes / no |
| Do you have a pain- or insulinpump ? | Yes / no |
| Do you have a bladder stimulator or penile implant ? | Yes / no |
| Do you have a cochlear implant ? | Yes / no |

If your answer to one of the following questions is affirmative, additional information will be necessary before you can pass the MRI exam.

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| Do you have a metal heart valve ? | Yes / no |
| Do you have a VCI filter or stent ? | Yes / no |
| Do you have cerebral vascular clips ? | Yes / no |
| Do you wear hearing aids or do you have a middle ear implant ? | Yes / no |
| Do you have magnetic dental implantats ? | Yes / no |
| Do you have a magnetic eye prothesis ? | Yes / no |
| Do you have metallic splinters in the eye (metal worker) ? | Yes / no |
| Do you have any orthopedic material in the body ? | Yes / no |
| Do you have a medication patch ? | Yes / no |
| Do you have a tattoo or permanent make up ? | Yes / no |
| Have you already had an MR exam ? | Yes / no |
| Did you experience any problems during this exam ? | Yes / no |
| Did you experience any problems with the contrast products used during this exam ? | Yes / no |

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| Do you suffer from renal insufficiency ? | Yes / no |
| Do you have liver problems ? | Yes / no |

Only for the **female** patients :

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| Could you be pregnant ? | Yes / no |
| Are you breast feeding ? | Yes / no |
| Do you have a hormonal intra-uterin device ? | Yes / no |
| Date of last menstruation ? | |

Before entrance of the MR unit, all metallic or magnetic objects must be removed (glasses, jewels, piercing, hearpin, watch, belt, wallet, credit cards, ...). **If you have any questions or problems consult the technologist responsible of the MR unit.**

Your telephone number :
 Date :
 'Read and approved' + signature:

Initials technologist responsible of the MR unit :.....

