

MAGNETIC RESONANCE IMAGING (MRI) – INFORMATION FORM

Please, fill all the fields regardless of the examination

Name _____ Identification number _____

Phone number _____ Height (cm) _____ Weight (kg) _____

Address _____

I have	YES	NO	Additional information (year, manufacturer, model)
• pacemaker			
• metal inside the body (e.g. implant, prosthesis, stimulator or its lead)			
• performed surgeries (give additional info)			
• insulin-/medicine pump			
• hearing aid, medical patch, blood sugar sensor			
• tattoo or piercings			
• I am pregnant			
• doctor's referral			

Please note that the magnetic compatibility of the implant, prosthesis and stimulator must be determined before performing the examination to ensure patient safety. The hearing aid, medicated patch, blood glucose sensor and piercings will be removed and the stimulator turned off according to the instructions before the magnetic examination. MRI is not recommended during the first trimester of pregnancy. .

My chosen examination

Circle: LEFT RIGHT BOTH

Describe symptom / reason for examination:

Shoulder
Upper arm

Elbow
Forearm

Wrist
Hand

Thigh
Knee
Lower legs



Head / brain

Cervical spine
Thoracic spine
Lumbar spine

Upper abdomen
Lower abdomen

Pelvis
Hip

Ankle or sole of the foot

In the Kanta service, give permission to access your patient data so healthcare professionals can manage your affairs in the national information system (read more at www.Kanta.fi). With my signature, I confirm that I have familiarized myself with the Arvoterveys data protection policy (www.arvoterveys.fi) and that I confirm to have accepted the magnetic examination I have chosen.

Date ____ / ____ 2024

Signature

The information in this form will be stored to the Arvoterveys patient register.