ArvoTerveys

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, prothesis, 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

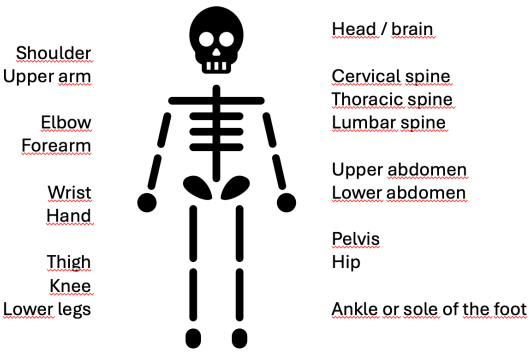
Describe symptom / reason for examination:

_____

_____

_____

_____



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), that I confirm to have accepted the magnetic examination I have chosen, and that I permit Arvoterveys to order my previous MRI images from another operator for possible image comparison.

Date ____ /_____ 2025 _____

Signature

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