

**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:

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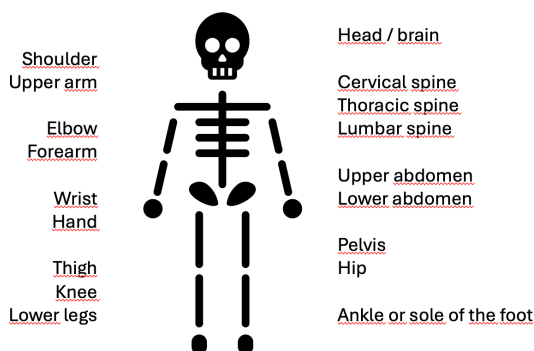
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In the Kanta service, give permission to access your patient data so healthcare professionals can manage your affairs in the national information system (read more at [www.Kanta.fi](http://www.Kanta.fi)). With my signature, I confirm that I have familiarized myself with the Arvoterveys data protection policy ([www.arvoterveys.fi](http://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 \_\_\_\_ / \_\_\_\_ 2026

Signature

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