Sanisystem
MEDICAL CENTER

☐ Pordenone via G. Galilei, 9
☐ Pordenone via Montereale, 53/A
☐ San Donà di Piave via E. Zane, 6

Mod. 1.4.4
Rev. 2

INFORMED CONSENT FOR
MAGNETIC RESONANCE IMAGING

Name and Surname_____

Date and place of birth _____

What is Magnetic Resonance Imaging?
MRI is a methodical diagnostics that not use radiation ionizing or radioactive substances but magnetic fields and electromagnetic waves in radio frequency as radio ones, television and mobile (phone).

Can everyone do the exam?
No, there are some criterions of possible exclusion which will be evaluated by the Medical Radiologist responsible for the exam once vision of the suitable compiled questionnaire.
Some possible motivations will be able to be the presence of installed electric type devices, installed ferromagnetic objects, women in pregnancy and cardiac patients affected with cardiac decompensation.

Why to do the Magnetic Resonance?
Because is a very effective tool also in the precocious diagnosis and the prevention.
Furthermore, unlike other techniques, it is possible to repeat the exam also to close time distance.

This exam is it painful?
No, it isn't painful.

In what does the exam consist?
The patient arranges himself on the bed and must stay immobile with the part of the body interested by the exam under the area of action of the magnet for all the duration of image acquisition. Because of the influence and interference the magnetic field exercises on a few metal elements, in function of the prescribed exam and the type of used equipement, can become necessary that the patient do not wear any metal objects, take off the clothes which could interfere with the exam if supplied with metal closing systems, remove all the cosmetic products from the face, take away the lenses to contact and remove stretched out dental furniture.

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The undersigned declare that:
- I received a clear and complete information by this informative report
- I'm not pregnant
- I freely and consciously agree to undergo to the proposed diagnostic checks.

Date _____

Signature _____ Doctor's/Technician's signature _____