

SCREENING FORM – Outpatient Lund

for Magnetic Resonance (MR) procedures

Name:	Personal number:		
Weight (kg):	Height (cm):		
If any question below is answered <u>YES</u> you <u>MUST</u> if you had an MR examination previously and even if yMR, as this may require special planning.			
Exception: You do not need to contact us in advance tubes in the ears or cataract surgery. However, you muattend.	•		•
Contact details: MR-booking Lund, 046-17 70 35			
		YES	NO
Have you ever had any cardiac or head/brain surgery	?		
(e.g., pacemaker/ICD, DBS, shunt, aneurysm/vessel implant, eye surgery)	clip, hearing		
If yes, what type of surgery? When and where?			
Do you have any type of metal, implant or electrode in (e.g. Shrapnel/bullet, metal chip, pump, nerve stimula		_	
If yes, what, and where?		_	
Do you have a history of renal (kidney) disease?			
For female patients: Are you pregnant?			
The following must be removed before the MR examine teeth, body-piercing, hearing aids, insulin pump, blood coated plasters, hairpins, bras etc.			
Signature:		Date:	
Phone:			

 $\label{eq:continuity} Fråge formulär inför magnet kamera under sökning, poliklinisk patient- in english$

(utarbetat och godkänt av MR-ansvarig fysiker och MR-ansvarig läkare)

2024-04-10, Skånes universitetssjukhus, VO Bild och funktion, Lund



SCREENING FORM - accompanying person

for Magnetic Resonance (MR) procedures

A relative or friend can stay as a support in the MRI rum during the examination. However, special preparation is then needed for the accompanying person. Please answer the following questions:

Name of accompanying person:		
	YES	NO
Have you ever had any cardiac or head/brain surgery?		
(e.g. pacemaker/ICD, DBS, shunt, aneurysm/vessel clip, hearing implant, eye surgery)		
Do you have any type of metal, implant or electrode in your body? (e.g. Shrapnel/bullet, metal chip, pump, nerve stimulator)		
For females: Are you pregnant?		
All free metal objects and all electrical/mechanical equipment mu entering the magnet room, e.g. hearing aids, insulin pumps, blood sbutton) hairpins, etc.		
All pockets must be emptied completely.		
Signature:	Date:	
Print name:		