Mater Misericordiae University Hospital

Preparing for your MRI Liver

NOTE: YOU MUST FAST FOR SIX HOURS PRIOR TO YOUR SCAN TIME.

Please attend the MRI Department **15 minutes prior** to your scan time.

Please note**, late arrival for your scan may result in your scan being cancelled.**

Please fill out the attached safety questionnaire.

If you answer 'YES' to any of the questions or if any of the implants listed apply to you, please contact us.

The MRI Department can be contacted directly at **mri@mater.ie, phone (01) 8032271 or fax (01) 8034214**

As our waiting lists are so long, if you do not need this appointment or you have had an MRI scan in another hospital can you please contact us as soon as possible so we can cancel your appointment and another patient will be given your appointment slot.

If you do not attend for you appointment you will need your referring clinician to reorder a new MRI scan and you may not have your MRI scan before your out-patient appointment.

Mater Misericordiae University Hospital

PATIENT SAFETY QUESTIONNAIRE AND MRI CONSENT FORM

Magnetic **R**esonance **I**maging is a way of looking inside the body using radio waves, a large magnet and a computer. There are no X-rays involved. As this is a very large magnet, it is very important that you complete this questionnaire carefully. This will let the Radiographer know of any metal on or in your body, which may be a danger to you, or someone else, when entering the scanning room.

PLEASE ANSWER THE FOLLOWING QUESTIONS	YES	NO
Q1: Do you have a cardiac pacemaker or surgery on your heart?		
Q2: Have you ever had any surgery to your head or back?		
Q3: Do you have any eye, ear or breast implants?		
Q4: Have you had any metal fragments in your eyes, or have you ever		
Q5: Do you have, or have you had any metal fragments in any other part		
Q6: Could you be claustrophobic?		
Q7: Do you suffer with epilepsy?		
Q8: Do you suffer with diabetes or renal dysfunction?		
Q9: Do you suffer from any allergies?		
Q10: Could you be pregnant or are you breast -feeding?		
Q11: Have you had a previous MRI scan?		

Please tick which of the following items apply to you :

	Aortic or vascular or aneurysm clips		Implanted drug pump
	Artificial heart valve		Neurostimulators
	Artificial eye or limb		Permanent cosmetic eye lining or tatoos
	Bone or joint replacement		Penile Implant
	Metal rods, plates or pins		Wire mesh, wire sutures or staples
	Dentures or partial plates		Implanted cardiac defibrillator
	Carotid clips		Any type of coil, filter or stent
	Cochlear or ear Implants		Eyelid spring
	Electronic monitoring device		Medication patch
	Harrington rods		IV access port
	Hearing aids		Shunt
	Body Piercing		Other implanted item in body

I have read, understood and completed to the best of my knowledge the questions on this consent form and agree to be imaged

Patient Signature________________________ **Weight (kg)** _________ **Date** _________

Radiographer _______________________________