

Magnet-Resonanz-Tomographie (MRT) Digitale Microdose-Mammographie Nuklearmedizin (Szintigraphie) Digitale Röntgendiagnostik

Herz-CT und Dental-CT

Computer-Tomographie

Ultraschall Farbduplex

Knochendichtemessung

Patient Information: Magnetic Resonance Tomography (MRT) IF YOU HAVE A CARDIAC PACEMAKER, PLEASE REPORT THIS IMMEDIATELY AT THE INFOPOINT!PLEASE DISCLOSE THE POSSIBILITY OF A PREGNANCY OR AN EXISTING PREGNANCY AT THE INFOPOINT BEFORE THE START OF THE INVESTIGATION!

Dear Patient.

we request you to read the following text for your information and then answer the questions on the rear page. If you have further questions please speak to the medical technical staff or the investigating doctor. MRT is one of the most modern diagnostic procedures. It permits the radiologist to obtain high-resolution images of your body without the application of Xrays. To produce the images one needs a strong magnetic field and highfrequency impulses. The signals received from the body are evaluated by the computer. The investigation is entirely painless; no harmful effects are known.

The investigation:

When you are called for the investigation please take off all your clothes except for your underwear, a cotton undershirt (if any) and socks. Because of the strong magnetic field, it is essential that you leave all metal objects (e.g. jewelry, watch, dentures, wallet, coins), piercings, all data storage media (such as check and credit cards, park tickets) and hearing aids or similar objects in the cabin.

Depending on the organ to be examined, the investigation may take a few minutes or half an hour. You will be positioned suitably for the investigation and then pushed on a mobile slab into a tubular ring magnet. The magnet tube" is illuminated from within, always ventilated, and open at the head and the foot. Through an intercom and an emergency bell you can always communicate with the assistant performing the investigation; however, you should use these only in the event of an emergency. During the investigation you will hear repeated loud knocking sounds. These sounds are normal and are part of the investigation procedure. Of course we provide you with ear protection by way of earplugs or headphones. It is very important that you lie still because even minor movements may cause disturbances in the images. As we perform every investigation individually you may have to wait. If this happens we request your understanding. We always try to minimize delays.

Contrast medium:

In order to show abnormal changes more clearly it may be necessary to administer an MR contrast medium in an arm vein.



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Farbduplex temessung

Patient's Name:	Date			Ultraschall F
(Please fill)	Date	·		- Knochendich
In order to be able to estimate a potentially higher risk, we re	auget v	ou to an	cwar tha f	
questions by checking them out. Of course we will be glad to				
Do you have a cardiac pacemaker?	□	Yes □	No	
Have you had an eye injury?(e.g. a fragment of metal or a shrapnel)		Yes	No	
3. Have you ever undergone surgery in the heart, blood vess	els or l	nead, par	ticularly in	the eves or
ears?		Yes □		, , , , , ,
If yes what operation(s)?				
4. Other operations (apart from appendix and tonsils) If yes what operation(s)?		Yes 🗖	No	
5. Do you have the following implants? ☐ Insulin pump, pain pump	п	Yes □	No	
□ Middle ear implant		Yes 🗖	No	
□ Middle ear implant □ Cardiac valve(s)		Yes 🗖	No	
□ Stent, vascular clip	_		No	
6. Do you have metal in your body (e.g. prostheses, metal cli	_			No
If yes, what and where?	, -, -	-1 - /		-
7. Do you suffer from allergies, asthma or drug intolerance? (iodine allergies are of no importance for this investigation)		Yes 🗖	No	
8. Have you undergone an MRT in the past?		Yes 🗖	No	
9. Do you become anxious in confined spaces?		Yes 🗖	No	
10. Do you have a tattoo or permanent make-up?		Yes 🗖	No	
11. Body weight in kg:	_			
12. For patients who have been referred from hospitals of	of the V	Viener		
Krankenanstaltenverbund (KAV; Vienna Hospitals Co				
In addition to personal collection of images and reports, the in			orts of this	
investigation can be sent by the digital mode to the central ar				
Krankenanstaltenverbund (Vienna Hospitals Combine) or the				
Vienna where an authorized doctor may inspect the reports.	The pu	rpose is	to help avo	oid
double investigations.	_	Yes □	l No	
I consent to this mode of archiving. 13. <i>For women:</i>		165	I INO	
Could you be pregnant?		Yes □	No	
Are you currently breast-feeding?	_	Yes 🗖	No	
Do you have a contraceptive coil?		Yes □	No	
I confirm I have read this information sheet and understood it questions on this patient information sheet to the best of my suggested MRT investigation and to any administration of interest of the suggestion of the suggestion in the suggestion of the suggestion o	knowle	dge. I co	nsent to u	ndergoing the
Potiontly signature Doctorly Names and Signature				
Patient's signature Doctor's Name and Signature				
Guardian's signature Name and Signature of the				

(for patients less than 18 years of age) Medical Technician / Radiological