

Questionnaire before MRI examination

Name	Personal number
Weight (kg)	[for MRC Project: MR exam nr.]



Metal objects in on the body can cause serious injury. If any of the following questions are answered with "Yes", you must contact us as soon as possible, even if you have previously undergone an MRI examination.

Have you had surgery? If yes, what type of surgery?

Yes	No	

Have you had any object implanted in the body or attached to the skin (implant, diabetes pump, transmitter, pacemaker, metal plate, screw)?	Yes	No	
transmitter, pacemaker, metal plate, screw)?			

Do you have any kind of body jewellery or patches (nicotine patches, etc.) that cannot be removed?	Yes	No	
Do you have any implants in your ears or other metal fragments in your eyes (splinters)?	Yes	No	
Are you pregnant or breast-feeding?	Yes	No	
In the last few days, have you experienced one of the following: cough, fever, runny nose, sore throat or headache?	Yes	No	

Date:

Signature:

Our phone number you will find on remiss ("kallelse")

