**Workplace:** **Radiology Diagnostics Unit**

 Proton Therapy Center Czech s.r.o. (PTC)

**PATIENT:**

**Name and surname:** 

**Date of birth:** 

**Address:** 

**Weight:**  **kg Height:**  **cm**

**Important patient information. Please fill out:**

*(Mark the correct answer with an ‘X’)*

**Have you ever had an allergic reaction to:**

|  |  |  |  |
| --- | --- | --- | --- |
| * Contrast agents:
 |  |  |  |
| * Medicine:
 |  |  |  |
| * Pollen:
 |  |  |  |
| * Insect stings:
 |  |  |  |
| * Other types of allergies, please specify:
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**Do you suffer from/are the following being treated:**

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| * Kidneys
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| * Thyroid
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| * Bronchial asthma
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| * Glaucoma or increased intraocular pressure
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| * Diabetes Mellitus
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| * Claustrophobia
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| * Other serious illnesses:
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**Women - Pregnancy:**

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**Metals and other materials in the body (if yes, please state for how long):**

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| --- | --- | --- |
| * Pacemaker:
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| * Metal heart valves:
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| * Cochlear (ear) implant:
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| * Joint replacement, metals used to fix fractures:
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| * Metal clamps after brain or vascular surgery, other:
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| * Metal shavings in the eye or elsewhere in the body:
 |  |  |
| * Piercings, tattoos:
 |  |  |
| * IVC filter:
 |  |  |
| * Stents, vessel reinforcements:
 |  |  |
| * Women – breast implants:
 |  |  |
| * Men – penile implant:
 |  |  |
| * Electronic devices in the body:
 |  |  |
| If so, what kind: |
| * Dental bridge, braces, prosthesis:
 |  |  |
| * Insulin pump:
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If you have a **pacemaker, an implanted defibrillator, or a cochlear implant, you MUST NOT undergo magnetic resonance imaging!!! Please alert the staff!!!**

If you have any electronic or metallic implant or foreign object in your body, it does not automatically mean that you cannot undergo MR imaging. However, **you must ALWAYS and BEFORE the procedure starts** notify the MRI operator, who will make a qualified decision about whether or not you can undergo the procedure.

***My physician suggested magnetic resonance (MR) imaging*** *(to be filled out by a radiology assistant after the procedure):*

* Without administration of the contrast agent,
* With the contrast agent administered orally,
* With the contrast agent administered intravenously.

MR Imaging Information

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| Purpose: | MRI enables detailed imaging of individual anatomical regions of the human body and thus contributes to an accurate diagnosis or clarification of a health-related problem in the examined area, which can have a major effect on the further course of treatment.  |
| Course: | The procedure is done with the patient lying on an examination table that is placed inside a very strong magnetic field. The examination table with the patient on it is inserted into a so-called "gantry", which is the space between the sensors inside the device. **The procedure takes approximately 25 – 90 minutes** (based on the type of test). You **must not move** during the procedure. Sometimes, a certain level of patient co-operation with the medical staff (e.g., holding the breath) is required during the procedure. |
| Procedure: | * For the majority of MR imaging procedures, no special preparation is required. However, it is recommended not to eat anything for 4 hours prior to the test and to sip only a small amount of non-sparkling water (max. 150 ml).
* The procedure is carried out inside an extraordinarily strong magnetic field, therefore, remove your watch, keys, small metal coins, jewellery, hairpins, hearing aids, glasses, dental prostheses, credit cards (magnetic cards of all kinds), mobile phones, fixation splints, prosthetic devices (ortheses), etc., and leave them in your changing stall.
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| Preparation: | **BEFORE THE PROCEDURE*****If the contrast agent is administered orally**** Before examining the digestive tract (MRI enterography), it is necessary to empty the intestines as instructed by your physician,
* Before examining the abdomen and pelvis, you will usually have to sip a contrast agent (the amount depends on the type of examination, approximately 500 - 1,500 ml)
* The contrast agent, usually diluted with water, is slowly sipped for

1 - 3 hours.***If the contrast agent is administered intravenously**** Based on the radiologist's decision, the contrast agent can be administered intravenously,
* For the application of the contrast agent, a silicone or plastic tube, a so-called cannula, will be inserted into your vein; the contrast agent will then be applied via the cannula,
* Shortly after the intravenous administration of a contrast agent, you may quite rarely develop nausea or heart pounding, which is not life-threatening.

**AFTER THE PROCEDURE*** For approximately 30 minutes after the procedure using the contrast agent, the cannula will remain inserted and you will be monitored for the risk of an allergic reaction (see below),
* Once the cannula is removed by a nurse or radiologist, you can go home,
* After the procedure using the contrast agent, **sufficient hydration, i.e., at least 2 litres of fluids, is necessary,**
* Once you are released, you can eat normally and take your regular medication,
* You are not restricted in what you can do; you can leave immediately and drive a motor vehicle if you have not been given sedatives or other medications affecting your attention (e.g., Dithiaden) or visual acuity (e.g., Buscopan).
 |

I have acknowledged that MR imaging has its specific advantages and disadvantages:

* ADVANTAGES: zero radiation load, obtaining more comprehensive and more detailed information on the examined area,
* DISADVANTAGES: time demand and higher noise during the procedure, possible mental discomfort for claustrophobic patients, risks/complications related to the procedure are listed below.

MR Imaging Complications

*Allergic reaction* is a serious complication that may occur during MR imaging, especially after intravenous administration of the contrast agent.This can escalate into a so-called anaphylactic shock that can result in death. The allergic reaction may occur even if you have never had such reaction, and even if you have already been examined using, for example, an iodine contrast agent.

However, when modern contrast agents are administered, the more serious complications rarely occur. Recognition and treatment depend on the severity of the allergic reaction, and the MRI staff will be ready to respond.

I have been advised that the treatment recommended by my physician may be accompanied by the aforementioned complications that may or may not occur.

**At the same time, I declare** that in the event of unanticipated complications requiring urgent follow-up interventions to save my life or health, I agree that all the necessary and urgent actions needed to save my life or health are to be carried out.

**I have been advised** about the following MR imaging **alternatives**: conventional radiology diagnostic examination, ultrasound, and computer tomography – CT. However, their disadvantage rests in a usually lower reporting value and the presence of ionizing radiation.

**I acknowledge** that if the healthcare provider experiences technical problems, I will be offered a new appointment on the first available date.

I had these additional questions:

I have been advised that I can revoke my consent to the provision of medical services. However, revocation of the consent is not effective if the medical treatment has already begun.

I have been advised that I may waive my right to receive information about my health.

I declare and certify with my signature that I am adding in my own hand that I have read the instructions regarding the medical treatment. The physician who provided me with these instructions explained to me in person everything contained in this written informed consent, which I had enough time to read carefully, and I was able to ask questions that were properly answered by the physician.

**I declare** that I fully understand the aforementioned instructions and provide my consent expressly and freely.

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**Patient's signature in own hand:**

*(Signature of a legal guardian)*

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**In Prague, on:**

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**The name and signature of the physician who provided the instructions:**

Identification of person granting the consent as a legal guardian:

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| --- |
|  |

Name and surname:

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|  |

Date of birth:

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Relationship to the patient:

**Signature of witnesses to the provision of instructions and patient’s consent if the patient is unable to sign personally:**

|  |  |
| --- | --- |
|  |  |
| *Name and surname of the 1st witness:* | *Name and surname of the 2nd witness:* |
| *Signature* | *Signature* |

Reason why the patient cannot sign personally:

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The way in which the patient gave the consent:

|  |
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