

Patient Information and Consent Form for MRI

Name:.....

Place/date of birth:.....

Examination date:.....

This MRI examination was indicated by my doctor, Dr. / initiated by myself.

Dear Patient,

Your treating physician has referred you for an MRI examination to accurately diagnose your complaints or illness and to select or follow appropriate treatment. This information and consent form contains **details** about your examination, some **questions**, as well as your **consent statement**. Please read the following information about the procedure, your tasks and potential risks and complications carefully. If you have any questions, do not hesitate to consult the examining operator or the supervising radiologist. MRI examinations are scheduled in order of appointment, however, your examination may be delayed due to urgent examinations of more severe cases or prolonged examination time of a patient before you. We appreciate your patience understanding.

Providing reports and images of previous examinations significantly contributes to the effectiveness of your examination carried out today. Please familiarize yourself with the imaging process detailed below while you are waiting for your scan.

PATIENT INFORMATION FOR MRI EXAMINATION

GENERAL INFORMATION:

Magnetic resonance imaging (MRI) is a modern diagnostic imaging procedure. Using a strong magnetic field, images are taken in various planes with the help of a computer. MRI scans do not involve radiation exposure, and according to current knowledge, do not have any harmful effects on your health. However, it can be dangerous for any patient who has had magnetizable metal surgically implanted (e.g., heart valve, vascular clamp, neurostimulator, internal hearing aid, joint prosthesis, drug injection device), or who has metal foreign bodies (eg., metal fragments, bullet) in their body due to an accident. Such devices or objects containing magnetizable materials may move from their position or heat up in the magnetic field causing severe, life-threatening injuries or causing artifacts resulting in an unusable scan. Make sure to inform our operator or radiologist of such items. The radiologist is responsible for evaluating these cases, so please provide any relevant discharge summaries and related documents of surgically implanted devices. Metal objects such as hearing aids, watches, chains, metal clasps, body piercings, hairpins etc., must be removed, please empty your pockets (coins, keys, magnetic cards, pens, etc.) and place them in the lockers in the changing room. If you are wearing metal-containing cosmetics (eyeshadow, powder, magnetic false eyelashes), or a wig, please remove them before your scan.

Medications you take regularly can be taken with a little water on the day of the examination. Due to potential contrast material administration, try not to eat 4-6 hours before the examination, but you can drink fluids.

Your scan takes 20-60 minutes, depending significantly on the body part being examined and your illness. The examination is performed in a lying position and is painless. The only discomfort you may experience is the relatively narrow space, which can cause a feeling of confinement (claustrophobia) in some patients. The MRI in our facility is more spacious and shorter than most MRI machines, allowing the examination of most claustrophobic patients—please inform us in advance when scheduling your appointment if this is a concern. If you feel anxious or encounter any other issues during the examination, inform the operator who will monitor

you throughout the procedure. The device makes knocking and buzzing sounds while taking the images. You must remain still in the position set by the operator, as movement can cause artifacts and result in an unusable scan.

WHAT ARE THE RISKS OF THE EXAMINATION?

In some examinations, the administration of intravenous contrast material may be necessary. The contrast material might leak from the vein, causing a tight feeling. Please report if you experience this. Contrast material hypersensitivity (allergy) is rare. Symptoms include swelling of the face, lips, tongue, throat, coughing, difficulty breathing, hives, and a feeling of suffocation. If you notice any of these symptoms after the contrast material injection, immediately inform the examining operator. Be aware that these symptoms can occur within 24 hours or even later; in such cases, contact your treating physician or emergency services. Allergic reactions can be mild, but rarely, they can be severe. Very rarely, anaphylactic shock may occur, for which our institution is equipped and prepared, with necessary clinical support available. Specific examinations may require smooth muscle relaxants, which can also cause the side effects mentioned above and vision disturbances.

In the case of pregnancy (or suspicion thereof), MRI examination or intravenous MRI contrast material administration should be thoroughly discussed between your treating physician and the radiologist during the first trimester and breastfeeding.

If you have kidney dysfunction or insufficiency, paramagnetic contrast agents can cause scarring affecting the kidney or even the entire body. Therefore, a kidney function test result (eGFR) no older than one month is indispensable for administering contrast material. If necessary, we can measure this on-site before the examination.

PLEASE RESPOND TO THE FOLLOWING QUESTIONS AND UNDERLINE YOUR ANSWER (please use legible letters if you need to write down your answer)

Do you have a pacemaker, prosthetic heart valve, aneurysm clip, stent, artificial eye or hearing aid in your body?.....YES.....NO

Do you have a bullet, shotgun pellet, metal fragment in your body, or a fragment around the eye?.....YES.....NO

Do you have a joint prosthesis, artificial limb, or orthopedic metal (screw, plate, nail, wire, clip) implanted in your body?.....YES.....NO

Do you have removable dentures, dental restorations, or piercings?.....YES.....NO

Are you allergic to any medications, do you have metal allergies?.....YES.....NO

If yes, please describe:

Have you received MRI contrast material before?.....YES.....NO

If yes, did you experience any side effects?.....YES.....NO

Do you have kidney disease or decreased kidney function (kidney surgery, protein in urine)? YES.....NO

Do you have or have you had any infectious diseases (TBC, hepatitis, etc.,)? YES.....NO

Are you pregnant? YES.....NO

Are you breastfeeding? YES.....NO

Do you have any other relevant diseases? YES.....NO

If yes, please describe:

Patient's weight:kg, height.....cm

To be filled out by the operator:

Date of the most recent Serum Creatinine (eGFR) measurement:

- YearMonthDay.....

- Value:

Examined region (body part) (indicate side):

Indication of the examination, preliminary diagnosis (underlying disease, symptoms, complaints, accident, fracture):

Other severe known underlying diseases (cancerous / inflammatory / autoimmune / vascular disease / other):

Has there been any surgery, radiation therapy, or other treatments in the examined area - and when (documentation):

What examinations (e.g., biopsy/histology, endoscopy, clinical exams) has the patient you had so far related to the complaint (with what results):

Operator's comments:

PATIENT CONSENT FORM FOR MRI EXAMINATION

I hereby declare that I have read every page of the patient information sheet (and received verbal explanations after my questions). I understand the nature of the examination, and I consent to the proposed MRI examination, including the administration of intravenous contrast material if necessary, and to any required therapeutic interventions in case of complications. I understand that the examination during pregnancy can only be performed in cases of suspected severe illness or under special circumstances.

I acknowledge that if I do not provide accurate and comprehensive health information for the examination—including medical history—my diagnosis may be delayed, inaccurate, or not fulfilled at all, for which LIV DMC is not responsible.

I acknowledge that following the examination, the receiving medical documentation (including the report) is my obligation and responsibility. LIV Duna Medical Center is not responsible for the consequences of failing to receive the report or the lack of further examinations or treatments (including health deterioration). LIV Duna Medical Center, as a data controller, complies with the data retention and EESZT data transmission obligations stipulated in the 1997 Act XLVII on the handling and protection of health and related personal data.

I acknowledge and consent that the medical documentation (images, reports, etc.) generated in connection with my examination will be managed and stored by the company conducting my examination in compliance with current data protection regulations.

With my signature, I declare my consent to the MRI examination.

Signature of Patient (or Legal Representative):

PATIENT CONSENT TO CONTRAST MATERIAL ADMINISTRATION

In some cases, contrast material may be needed for an interpretable result. I acknowledge that if I refuse the contrast material, neither the radiologist nor my attending physician will be held responsible for any adverse consequences resulting from the poorer interpretability of the examination performed without contrast material, for the lack of diagnosis, or for unfavorable progress in recovery.

Please underline the appropriate line:

With my signature, I declare my consent to the administration of contrast material.

With my signature, I declare that I DO NOT consent to the administration of contrast material.

Signature of Patient (or Legal Representative):

STATEMENT FOR TELE-RADIOLOGICAL REPORTING OF THE EXAMINATION

I consent that, for the purpose of my medical treatment, the reporting of the examination conducted today will be carried out by a doctor employed by or contracted with LIV Duna Medical Center through tele-radiology.

I consent that the reporting doctor may view the images obtained during my examination, as well as images of any previous examinations images and related documentation concerning my illness, if available.

Signature of Patient (or Legal Representative):

HOW CAN I ACCESS THE REPORT OF MY SCAN?

The preparation of the written report after the examination may vary depending on the type and nature of the examination. The results can be received:

- Through EESZT (Electronic Health Service Space) via the Customer Portal
- In person at an agreed time or through an authorized person (in which case written authorization and an identity document are required)
- Via email

Please indicate the most suitable solution for you and arrange this with the operator conducting the examination and our colleagues at the front desk.

Please bring the previous reports, prior image material (CD/DVD/weblink), and discharge summaries related to this examination and hand them to the examining assistant.

Signature of the Doctor/Assistant providing the information:

Budapest, 20..... year, month..... day