

**Before the examination of MRI, please answer carefully to the following questions :**

**Name :** ..... **Surname :** ..... **Date of birth :** ...../..... /..... **Weight :** .....Kg **Height :** .....m....



Have you got a **pacemaker, implantable cardiac defibrillator, implantable Holter or neurostimulator ?**

Yes  No

Have you ever had heart surgery (**heart valve prothesis, stent, caval filter, coronary bypass**) ?

Yes  No

If so : - year of the implant : ..... - type : .....



Have you ever had **brain surgery** ?

Yes  No

If so, with implant (**neurosurgical clips, cerebral ventricular shunt, cochlear implant**) ?

Yes  No



Did you spend a scintigraphy or Petscan there less than 48 hours ?

Yes  No



Have you got **dentures or rings orthodontie** ?

Yes  No



Are you **diabetic** ?

Yes  No

If so, do you carry on insulin pump

Yes  No



Have you got **surgical prosthesis?** (hip, knee,nails,screws,skin expander. Yes  No



Have you got **hearing aid** ?

Yes  No

Do you suffer from **kidney dysfunction** ?

Yes  No



**Are you pregnant or think you could be pregnant ?**

Yes  No

**Are you breastfeeding ?**

Yes  No

Do you suffer from allergies (drugs, food, **asthma, iodine**) ?

Yes  No

Have you got a blood pressure treatment (**Bêta-blocker**) ?

Yes  No

Have you got a **transdermal patch** ?

Yes  No

Have you had a **tattoo** in less than a month ?

Yes  No

**Have you had surgery there are less than 2 months ?**

Yes  No

Have you got **metallic splinters** (bullets, shells) ?

Yes  No

Do you work with metal (**metallic splinters in eyes**) ?

Yes  No

Are you **claustrophobic or anxious** ?

Yes  No



Have you contracted covid 19 ?

Yes  No

If yes, on what date your test was positive ? .....

**Information** that seems **significant** to be communicated and **serious illness** (**Hepatitis C, HIV, cancer...**) or **previous surgical intervention**

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.....

Due to the strong magnetic field and waves from the MRI, **some items are not allowed in the examination room**, a safe is at your disposal:

- **Hearing aid, dentures, jewels, piercings**
- **Credit card, magnetic card, coins**
- **Mobile phone, watch, keys, lighter**

**I declare to have been informed of various details and risks related to the examination. I give my consent for my personal data to be archived and transmitted to the medical profession (medical specialist, CPR, attendind physician...)**

**Done in Grasse, on** ..... **Signature,**

Update 01/10/2024

*In accordance with the law relating to computers, files and freedom of 06/01/1978, you have a right to access, rectify and delete data concerning you and opposition to their treatment.*

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Groupement d'Intérêt Economique régi par les articles L 251-1 et L 251-23 du code du commerce - Capital de 14 000 euros – Siret : 393 358 080 00017