



QUIZ BEFORE IRM

NAME :

Surname :

Date of birthday:

Size :

Weight :

Age :

1. Have you ever been operated on ? :

- ✓ From the head ? yes no
- ✓ From the heart ? yes no

2. Do you have kidney failure ?

yes no

3. Are you claustrophobic ?

yes no

4. Do you wear :

- ✓ pace maker ? yes no
- ✓ cardiac valve, stents ? yes no
- ✓ neurostimulator ? yes no
- ✓ intracranial clip ? yes no
- ✓ intracranial valve ? yes no
- ✓ metal shards in the eyes ? yes no
- ✓ braces ? yes no
- ✓ device for the ears ? yes no
- ✓ tattoo ? yes no
- ✓ blood glucose meter ? yes no

5. For women :

- ✓ Are you pregnant ? yes no
- ✓ Are you breastfeeding ? yes no
- ✓ Date of last menstrual period : ____/____/____

Before your exam, you have to :

- to undress.
- remove all metal objects

I acknowledge having been informed of the contraindications for the realization of the MRI examination today.

Date : ____/____/____

Signature :