

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

Surname : ..... Firstname : ..... 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 prosthesis, stent, caval filter, coronary bypass**) ? .....  YES  NO

**IF YES** : year of the implant : ..... type : .....



Have you ever had **brain surgery, eye surgery** ? .....  YES  NO

**IF YES**, with implant (**neurosurgical clips, cerebral ventricular shunt, ear implants**) ? .....  YES  NO



Have you got **hearing aid** ? .....  YES  NO



Have you got **dentures** ? .....  YES  NO



Are you **diabetic** ? .....  YES  NO

**IF YES**, do you carry on **insulin pump** ? .....  YES  NO



Do you have **tattoo and/or piercing** ? .....  YES  NO

Have you got **surgical prosthesis** (hip, knee, nail, screws) ? .....  YES  NO

Do you work with metal (**metallic splinters in eyes**) ? .....  YES  NO

Do you suffer from **kidney failure** ? .....  YES  NO

Do you suffer from allergies (drugs, food, **asthma, iodine**) ? .....  YES  NO

Have you got a blood pressure treatment (**Beta-blocker**) ? .....  YES  NO

Have you got a **transdermal patch** ? .....  YES  NO

Are you **claustrophobic or anxious** ? .....  YES  NO



**Are you pregnant or think you could be pregnant** ? .....  YES  NO

**Are you breastfeeding** ? .....  YES  NO

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

.....

Due to the strong magnetic field and waves from the MRI, **some objects 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**

**In the past 48 hours have you had any of the following symptoms :**

- **Cough** ? .....  YES  NO
- **Fever (chills, sweats)** ? .....  YES  NO
- **Have you had Covid cases around you** ? .....  YES  NO

**I declare that I am aware of the different procedures and risks linked to the examination and give my consent for it to be carried out. I agree that my personal data will be archived and transmitted to the medical profession (Specialist doctors, RCP, general practitioner, etc.).**

**Done in Mougins, on :** .....

**Signature :** .....

*Extract from the website of the French Society of Radiology, "examinations in practice"*

**GIE MOUGINSCAN** - 122, avenue du Dr Maurice Donat BP1250 - 06254 MOUGINS CEDEX  
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Update on 11/10/24

In accordance with the law relating to data processing, files and freedoms of January 6, 1978, you have the right to access, rectify and delete data concerning you and to oppose their processing.