

MINOR Patient - MRI

Child's name and firstname :

Date of birth :

Weight (kg) :

Height (m) :

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

- Is he allergic to medications or is he asthmatic ? YES NO
- Did he have a particular reaction during a radiologic examination ? YES NO
- Did he have an infection (fever, cough, sore throat), dental treatment or surgery
in the last 15 days ? YES NO
- Does he have dental appliance, hearing aid, heart valve, pacemaker or.....
prosthetic material ? YES NO
- Madam, if you wish to stay with your child during the exam, are you pregnant.....
or likely to be ? Are you breastfeeding ? YES NO

Information that seems significant to be communicated and **serious illness** :

On the day of the exam :

Bring the doctor's request (prescription, letter), your child's health record, the list of medications he is taking, his medical file (x-ray, ultrasound, scanner, MRI).

For the exam, possibly bring your bottle, pacifier or cuddly toy. Fasting is not necessary.

During the exam :

The medical staff will inform you, in the preparation room, of the progress of the examination. Staff are not allowed to stay in the exam room with your child while the machine is in operation. If the child feels the need to be present to reduce their anxiety, you can accompany them to the room. In this case, you will have to answer the "adult" consent questionnaire which contains all the questions related to contraindications to going to the examination room and be eligible.

Be careful, many children request parental presence at the last minute (even teenagers).

The exam lasts between 10 and 20 minutes. If it should continue beyond that, the staff will come and warn you and explain how it will take place.


After the examination, some monitoring time will be necessary if he undergoes an injection of contrast medium, then have him drink and eat lightly.


As soon as you return home, in the event of bleeding or redness on the skin, call your doctor or contact the examination center (tel : 04 93 90 08 62) or go to the nearest Emergency Department.

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BP 1250 - 06254 Mougins Cedex

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It is normal for you to have questions about the exam your child is taking. We hope to have answered it. Do not hesitate to contact us again for any additional information.

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

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

In the past 48 hours, did he have any of the following symptoms :



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

I declare to have been informed of various details and risks related to the examination and I give my consent to carry out, archive the examination and transmit it to the medical profession (specialist doctors, RCP).

Madam, Sir (father/mother of the child)
personally completed this form on :

Signature

Dissemination of the report in « Mon Espace Santé / Dossier Médical Partagé » (shared medical record) :

DISSEMINATION AGREEMENT : All (patient + legal representatives + healthcare professionals) : YES NO

IF NO :

- I would like to NOT SEND ANYTHING to the shared medical record
- I would like to send it to the patient (me) and healthcare professionals but NOT TO LEGAL REPRESENTATIVES
- I would like to send it only to the patient (me)
- I would like to send it only to health professionals

Update on 11/10/2024

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

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