

## MAGNETIC RESONANCE IMAGING (MRI)

### General information

You have appointment for magnetic resonance imaging (MRI) examination at Sairaala Nova. Arrive using entrance NOVA2 (SISÄÄNKÄYNTI 2). Imaging department (Kuvantaminen) is located at 1st floor section L. Please register to appointment at selfregistration machines found at 1 st floor section L.

Prior to the MRI all metal objects must be left in a dressing room outside the room (e.g. wallet, watch, jewellery etc.) Also hearing aid, contact lenses, continuous glucose monitoring system and prosthetic teeth have to be removed. Please try to avoid wearing makeup and false eyelashes/eyelash jewellery. It may be necessary to inject contrast media in your blood circulation, generally it doesn't cause any side effects. **The duration of the procedure and preparation is approximately 30-60 minutes. Body temperature must be below 38 °C** due to possible temperature increase while scanning. Please notice there may be a delay with our appointments due to acute patients being examined at our unit. **A fee will be charged of an uncancelled appointment.**

**MRI Safety Due to the strong magnetic field it is compulsory for you to answer the following questions. Please fill in and sign this questionnaire sheet and take it with you when arrive**

	NO	YES
<b>Have you ever had an operation on the head or heart area? Have you ever had a vascular procedure?</b> if yes, please specify		
<b>Do you have a pacemaker?</b>		
<b>Do you have prosthesis?</b> (e.g. prosthetic joint, eye prosthesis, ear prosthesis etc.) if yes, please specify		
<b>Do you have other medical implants?</b> (e.g. clips, stimulators, shunt, insuline pump, iv port, continuous glucose monitoring sensor etc.) if yes, please specify		
<b>Do you have any other metal objects?</b> (e.g. screws, plates, tattoos, shrapnel, hearing aid, medical plasters, wig, magnetic eyelashes etc.) if yes, please specify		
<b>Have you had an operation or a medical procedure within last two months?</b>		
<b>Do you have an insufficiency of kidneys or a known kidney disease?</b>		
(Women) <b>Are you pregnant?</b>		
<b>Have you been diagnosed with diabetes, glaucoma or tachycardia?</b> if yes, please specify		

Personal identity code: \_\_\_\_\_

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

Name: \_\_\_\_\_

Signature: \_\_\_\_\_