CENTRE
DE RADIOLOGIE
BELLEDONNE
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REQUEST FOR MRI EXAMINATION

Request date: **Expected examination date:**

PATIENT IDENTIFICATION

Last name / First name:

Birth date:

Address:

Phone or cellphone:

Email address:

Weight:

Valid Patient ☐ **Wheelchair Patient ☐** **Patient in bed ☐**

IDENTIFICATION OF PRESCRIBING PHYSICIAN

Name:

Address or Service:

Phone:

ANATOMICAL REGION TO BE EXAMINED

CLINICAL INFORMATIONS

QUESTIONNAIRE AND CONSENT FORM TO BE COMPLETED AND SIGNED MANDATORY BEFORE MRI

PLEASE ANSWER THE FOLLOWING QUESTIONS CAREFULLY TO VERIFY THAT THERE ARE NO CONTRAINDICATIONS TO THE EXAMINATION (to carry out the MRI examination safely). RETURN THIS COMPLETED FORM ALONG WITH YOUR PRESCRIPTION

	YES (specify date / references)	NO
Pacemaker / Implantable cardiac defibrillator**:	☐	☐
Heart valves ** / Holter monitor:	☐	☐
History of intracranial surgery:	☐	☐
Neurosurgical clips**:	☐	☐
Shunt valves **:	☐	☐
Vascular clips / Vena cava filter** :	☐	☐
STENT-type Endoprosthesis:	☐	☐
Neurostimulator**:	☐	☐
Implantable pump (insulin, morphine, other drugs):	☐	☐
« FreeStyle LIBRE » Glucose implant:	☐	☐
Temporary Breast expander (prosthesis):	☐	☐
Current pregnancy:	☐	☐
Orthopaedic prosthesis: *Location of the prosthesis:*	☐ ……	☐
Hearing prosthesis (cochlear implant **):	☐	☐
Metallic foreign bodies (eye implant, etc... except dental appliances):	☐	☐
Metalworker (risk of iron filings in the eyes):	☐	☐
Claustrophobia (anxiety in an elevator):	☐	☐
Have you ever had an allergic reaction to contrast agent injected during an MRI scan? ***If YES, what is the name of the product:***	☐ ……	☐
Do you have severe renal failure?	☐	☐
Asthma:	☐	☐
Date of surgery in the area to be examined by MRI:	……	

I, the undersigned, Mr / Mrs / Miss…… certify that the above information is accurate and give my consent for the MRI examination to be performed in the MRI department of the Belledonne Radiology Centre.

Done at……On……. Patient's signature:

: Please provide the relevant card, a copy of the card or the operative report with details of the implanted device (to verify compatibility before the MRI examination).