

CONSENTIMIENTO INFORMADO DE RESONANCIA MAGNETICA

Name: JUAN GONZALEZ _____ **Date of Birth:** 01/09/1971 _____ **Personal I.D. or Passport :** 8-00-678-887-D

Magnetic Resonance: _____

The Magnetic Resonance (MRI) is a specialized diagnostic method that obtains high resolution images of the inside of the human body, using a magnetic field and radio waves. It doesn't use ionizing radiation.

The equipment has a large-sized magnet and before starting an MRI study, it's important to know if the patient has any metal object in the body. The study does not cause pain.

PLEASE ANSWER THE FOLLOWING QUESTIONNAIRE

HAVE YOU HAD SURGERY OR DO YOU HAVE	YES	NO	HAVE YOU HAD SURGERY OR DO YOU HAVE	YES	NO
Pacemakers and wires			Recent Stent implant		
Aneurism clip			Shunt		
Surgery clip			Ear implants		
Eyesight implants			IUD (Intrauterine device)		
Internal defibrillator			Intravascular coil		
Bullets or pellets			Cardiac valve		
Stimulator and wires			Artificial prosthesis		
Infusion pump			Hearing amplifier		
Penile prosthesis			Thoracotomy		
				YES	NO
Are you claustrophobic?					
Have you ever worked as a mechanic, welder or metal worker?					
Do you have any metal facial lesion?					
Have you had any metal removed from your eyes?					
Do you have tattoos in any part of your body?					
Do you have amalgam fillings in your teeth?					
Are you pregnant?					
When was your last menstrual cycle? (Calls only for pelvic studies)					
Do you have any type of allergy (if your answer is YES, specify)					
Are you taking any medication, specify:					

If your physician ordered a study with contrast medium, you should know these substances are capable of highlighting certain anatomic structures and some pathologies. The contrast agent commonly used in a Magnetic Resonance is GADOLINIUM and its usual administration is intravenously. It's a very safe contrast medium and even though allergic reactions and some adverse effects to this agent, these are rare. Its excretion is renal, so it is important to know its renal function prior to the study.

I certify I have read this form and authorize the physician and technical staff from PUNTA PACIFICA HOSPITAL to perform the test.

SIGNATURE

DATE: 11/04/2024 12:25:03 PM

Note: The Hospital gives this document in compliance with Law 68 of November 20th, 2003 which regulates the rights and obligations of the patients, regarding the information and informed decision-making, complying as well with the Joint Commission International accreditation standards for hospitals.



Clínica Especializada de Azuero
CUIDANDO TU SALUD