



## MRI IMPLANT DETAILS AND CONSENT FORM

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Procedure being completed \_\_\_\_\_

### Questionnaire

Further information is required from all patients who have answered YES to having an Implant or Prosthesis e.g. Stent, Surgical implant, Aneurysm clips, Artificial valves.

For your personal safety, the following information is required prior to the MRI being performed:

Implant Type \_\_\_\_\_

Manufacturer \_\_\_\_\_

Serial No. (if known) \_\_\_\_\_

Date Implanted \_\_\_\_\_

Surgeon's name \_\_\_\_\_

Hospital name \_\_\_\_\_

### Patient Consent

The MRI scan and risks associated with my implant or prosthesis has explained to me and I have been given the opportunity to ask any questions.

I consent to the MRI examination and confirm that I have answered the above questions to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Patient)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Interpreter if present)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Radiologist)