Do you have:	**Yes**	**No**
ever had an MRI examination?		
had a recent (less than 6 weeks ago) surgical procedure?		
a pacemaker or defibrillator? neurostimulator, bladder stimulator? (show card/details)		
a metal heart valve? (show card/data)		
a middle ear or cochlear implant or an external hearing aid?		
a pain pump or insulin pump? diabetes glucose sensor on the arm?		
had an aneurysm clip or surgery on blood vessels in the brain?		
a ventricular shunt or ventricular drain in the head?		
a wig, hairpiece, hair extensions, … ?		
orthopedic equipment (prosthesis, screws, plate, pins, etc.)?		
a metal piece in your eye or elsewhere in the body? Are you a metal worker?		
a removable dental prosthesis / magnetic dental prosthesis?		
A medication patch on the skin?		
other implanted materials or foreign objects in the body?		
claustrophobia? Fear in small spaces?		
If you are having an NMR of the shoulder, elbow, wrist, hand, hip, knee, ankle or foot:	**Yes**	**No**
Have you already had surgery in the joint to be examined? If yes , when and for what?		
If you are having an NMR of the neck or back:	**Yes**	**No**
Have you already had surgery in this region? If yes, when and for what?		
Do you have radiating pain?	Left?	Right?
For female patients:	**Yes**	**No**
Are you (possibly) pregnant? Are you breastfeeding?		
If you are having a breast MRI/NMR mammogram:	**Yes**	**No**
Have you already had breast surgery? If yes, when and for what?		
Are you taking hormonal medication?		
Date of last menstrual period		
Your height: .....**cm**	**Your weight:** .....**kg**	

I hereby wish to have my examination conducted between 6pm and 8am or on Saturday, Sunday or a holiday. I am informed that an extra cost will be charged as a result.

Name: ..... Signature : .....

Date of birth: .....