



The Galway Clinic is located on the N6 Dual Carriageway off the Martin Roundabout

USEFUL NUMBERS

REPORTS & IMAGES - 091 785628

APPOINTMENTS - 091 785601

MRI APPOINTMENTS - 091 785554

RADIOLOGY NURSE - 091 785644

Galway Clinic A&E Service

There are 3 ways to access the A&E service:

- Walk in • Phone in • GP Referral

6 days a week Mon-Fri:10am to 7pm, Sat: 11am-7pm 091-785499

We have a walk in service for X-Ray and Mammography

Fax 091-785604

MRI Fax 091-785635

Doughiska, Galway, Ireland

Phone: + 353 (0)91 785000 Fax: + 353 (0)91 785703

E-Mail: info@galwayclinic.com Web: www.galwayclinic.com

PATIENT PREPARATION FOR RADIOLOGY EXAMINATIONS



Email: radiology@galwayclinic.com | www.galwayclinic.com

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INTRODUCTION

Dear ward staff and referring physicians, we have drawn up this document so that you can become more familiar with the range of tests and services offered within radiology here in The Galway Clinic. We have included important information on contrast reactions and pregnancy protocols. We endeavor to respond to your requests for radiology imaging as soon as is possible. We hope this can be used to explain to patients what tests they are going for and how best to prepare for their exam. Included are commonly required phone numbers. Please feel free to call us if you have any questions about either the service in general or regarding specific patients.

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REPORTS & IMAGES	– 091 785628
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RADIOLOGY NURSE	– 091 785644
FAX	– 091 785604

REQUESTING AN EXAMINATION IN THE RADIOLOGY DEPARTMENT

The normal hours of operation for the radiology department are between 08.00 and 18.00 (outside of these hours, there will be a radiographer on-call, who can be contacted through the switchboard, for emergency cases only). No pre op work will be accepted after 5pm as the on call staff can only deal with emergency cases. All pre-op cases referred by Galway Clinic physicians should be brought to the radiology department with complete signed request forms before 5pm.

All complete Radiology Request forms should be sent to the department for review/scheduling. Verbal, faxed and emailed requests by referring physicians may be accepted by the relevant Clinical Specialist Radiographer, but must be followed by a fully completed original request form before or at the time of exam.

REQUEST CARD MINIMUM CRITERIA:

- Date of the radiology request must be present on the form.
- Patient identification sticker containing patient name, MR number and date of birth.
- Referring doctor signature.
- Request a procedure(s) with the views required.
- Include a valid clinical indication to justify the procedure.

NB. Incomplete forms cannot be accepted. To comply with department policy and State Regulations, the referring doctor will be contacted and the request discussed.

OTHER CONSIDERATIONS:

- The patients' pregnancy status (if they are female and between 12 and 55 they must adhere to the 10-day rule, see page 6).
- If there is an infection risk, e.g. is the patient M.R.S.A. positive? In these circumstances the Co-ordinating Radiographer should be contacted directly on 091-785423 (or Ext 5423).
- When the radiographer receives a complete request form for a ward patient, they will decide on an appropriate time to call the patient down to the department and they will communicate this with the ward.
- Our policy is to call for patients continually throughout the day.

CONSIDERATIONS PRIOR TO ADMINISTRATION OF CONTRAST

- History of allergies to drugs
- Previous reaction to contrast media
- Asthma, hay fever
- Renal failure or cardiac problems
- Pregnancy or breast feeding
- Diabetes

Please alert the radiographer if any of the above applies to your patient.
Please also ensure that this is documented on the request card or electronic order.

PATIENT PREPARATION FOR GENERAL X-RAY

For the most part, there are no specific preparations needed for plain x-rays. For all examinations, it would be appreciated, where appropriate, if the patient could come down to the department either in a gown or their pyjamas. This is not necessary for x-ray of hands, wrists, feet or ankles. Female patients should remove their bra prior to an abdomen, chest or spine x-ray. The only examination which requires preparation is an I.V.U.

I.V.U.:

An I.V.U.(Intravenous Urography) is a radiographic study of the renal system. A radiopaque contrast agent is injected into the patient via an IV cannula. X-rays are taken at various time intervals and from these it is possible to visualize the kidneys, ureters and bladder.

Preparation:

- The patient is required to be fasting for 8 hours prior to their exam
- Female patients must adhere to the 10-day rule (see page 5)
- A recent serum creatinine level should be available for all patients attending with a history of renal disease or diabetes



TO REQUEST A REFERRAL PAD PLEASE CALL 091 785554



Doughiska, Galway, Ireland

Phone: + 353 (0)91 785000/5601 Fax: + 353 (0)91 785604

E-Mail: radiology@galwayclinic.com Web: www.galwayclinic.com

APPT. DATE:

APPT. TIME

PATIENT DETAILS:

Name: _____
Date of Birth: _____
Address: _____

Number: _____

REFERRER DETAIL/STAMP:

Name: _____

Address: _____

Signature _____
Number _____
Fax Number _____

Would you like the report faxed? Y N

EXAMINATION/PROCEDURE:

- PET/CT
- CT
- MRI
- ULTRASOUND
- NUCLEAR MEDICINE
- MAMMOGRAPHY
- FLUROSCOPY
- X-RAY

Examination(s) requested:

Examination(s) requested :

LMP Date:

Relevant clinical details:

SAMPLE REQUEST

FEMALE PATIENTS – THE 10 DAY RULE

One major consideration for female patients between 12 and 55 requiring x-rays is whether a possibility of pregnancy exists. The pregnancy policy in the radiology department states that all x-ray examination of below the diaphragm and above the pubis must adhere to the 10-day rule.



The 10-day rule states that female patients of child-bearing age can only be x-rayed during the first 10 days of the patient's menstrual cycle.

If the patient's menstrual cycle is outside of these dates and the x-ray required is urgent then a pregnancy test should be ordered on the ward and a hard copy of the results given to the radiographer/xray reception.

If you have any questions, please do not hesitate to call the Radiographer at 5423.

FLUOROSCOPIC PROCEDURES AND PATIENT PREPARATION

Barium Swallow:

This is a fluoroscopic examination to visualize the oesophagus and its function. The patient will be asked to swallow a cup of barium sulphate, which is a radio-opaque contrast agent. Using the fluoroscopy machine, the radiologist will study the transit of the barium through the G.I. upper tract as far as the stomach.

Preparation:

- The patient is required to be fasting for 8 hours prior to their exam.
- Female patients must adhere to the 10-day rule (see page 5).

Barium Meal:

This is a fluoroscopic examination of the stomach following administration of barium sulphate (a radio-opaque contrast agent) using the fluoroscopy machine.

Preparation:

- The patient is required to be fasting for 8 hours prior to their exam.
- Female patients must adhere to the 10-day rule (see page 5).

Barium Follow Through:

This examination combines both fluoroscopy and plain film x-rays. The patient is given two cups of barium sulphate to drink and is then x-rayed at various intervals (usually every 15 minutes) to visualize the progress it makes through the stomach and into the small intestine. Sometimes, the radiologist will screen the patient in the fluoroscopy room to complete the examination. Patients may like to bring a book with them as they may be in the department for a couple of hours.

Preparation:

- The patient is required to be fasting for 8 hours prior to their exam.
- Female patients must adhere to the 10-day rule (see page 5).

Barium Enema:

This examination of the large intestine uses barium sulphate. A plastic tube is inserted into the patient's back passage. From this the barium runs through the tube into the large intestine. Some air is also inserted into the colon which helps to expand and visualize the colon fully.

Preparation:

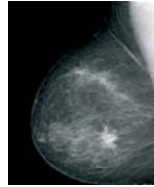
- It is essential that all patients use a bowel cleanser 24 hours before their examination
- Fleet Phospho-soda should be given to the patient the morning before their Barium Enema appointment (assuming they have a morning appointment)
- All instructions are provided in the box and should be followed but if you have any questions please call the radiographer at 5423
- If for some reason the patient has been unable to take the Fleet preparation, please inform the radiographer
- Female patients must adhere to the 10-day rule (see page 5).

After any of the above examinations, the patient can eat and drink as normal, unless the doctor has specified otherwise.

If you have any questions, please do not hesitate to call the Fluoroscopy Radiographer at 5423.

PATIENT PREPARATION FOR A MAMMOGRAM

All mammogram request forms should be sent down to the radiology department. The Mammographer will then find a suitable appointment time for the patient and let the ward know when to send the patient down. Several views may be acquired during the procedure. Patients who have had previous mammograms should bring the x-rays with them for comparison. Old x-rays can be requested from the department where the images were taken.



Preparation:

- Patients should not wear deodorant on the day of their examination and when possible, they should wear a gown and something on their lower half (i.e. a trousers or skirt).

If you have any questions, please do not hesitate to call the Mammographer at 5619

PATIENT PREPARATION FOR A C.T. SCAN

Computed Tomography is a method of imaging which uses ionizing radiation to acquire cross sectional images of the body. As C.T. uses a high radiation dose technique, it is imperative to enforce the 10 day rule (see page 5). Any female patients referred for a C.T. scan should have had the first day of their menstrual period no longer than 10 days before the date of the scan. If this is not the case, they will be rescheduled for another date. Otherwise the referring clinician will have to sign a clinical waiver and accept responsibility.

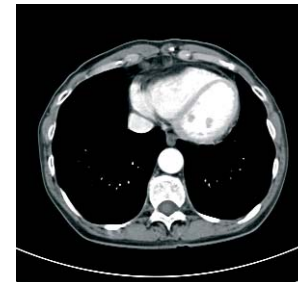
All C.T. scans:

As the majority of C.T. scans involve an injection of contrast media, it would be helpful if all patients could be cannulated before attending the C.T. department. A 20G cannula is sufficient for most C.T. procedures except for C.T.P.A. and Angiography scans which require an 18G cannula. The line should be flushed to ensure patency prior to the patient leaving the ward. Creatinine levels must be checked for all patients who will be given a contrast medium.

Chest/Abdomen/Pelvis:

The patient is required to fast for 4 hours prior to their C.T. scan.

Oral contrast (15mls of gastrograffin in 1litre of water) must be given to the patient to drink before attending the C.T. department. This should be taken slowly over a period of one hour, i.e. the patient should drink approximately one cup every 10 minutes.



Patients do **not** need to fast for C.T. scans of Thorax, Brain, Neck, Spine or Extremities.

It is important to contact the C.T. radiographer (ext. 5622) if the patient has any contraindications to the administration of IV contrast media.

CT CONTRAINDICATIONS INCLUDE:

- History of allergies to drugs
- Previous reaction to contrast media
- Asthma
- Renal failure or cardiac problems
- Pregnancy or breast feeding
- Diabetes*

* If the patient is **diabetic** it is important to establish if they are taking **Glucophage/Metformin**. These patients are at risk of lactic acidosis following the administration of IV contrast media. Renal function should be assessed prior to the injection and the following steps taken:

- If the creatinine level is normal (i.e. 65-115) then Glucophage should be suspended for 48 hours **after** injection and only resumed if serum creatinine levels remain unchanged.
- If the creatinine level is abnormal, Glucophage should be suspended for 48 hours **prior to and after** the examination and only resumed if the serum creatinine levels remain unchanged. Adequate hydration should be given to the patient prior to the C.T. scan (i.e. NaCl infusion to be given to the patient prior to administration of contrast medium). The patient must be well hydrated after the scan also.
- If the renal function is unknown, the physician should evaluate the risk/benefit of the contrast media and precautions should be implemented. Glucophage should be suspended, patients hydrated and renal function monitored.

PATIENT PREPARATION FOR ULTRASOUND EXAMINATIONS

Ultrasound is a diagnostic medical imaging technique used to visualize muscles, tendons, and many internal organs, their size, structure and any pathological lesions. It does not use ionizing radiation.

For many ultrasound examinations no preparation is required.

This includes examinations such as thyroid, breast, testes, musculoskeletal, vascular and cardiac. In certain situations simple preparatory measures are required as follows:

Renal Ultrasound:

- No fasting is required.
- Patient must drink 1.5 litres of water 1hr before their appointment time and not empty their bladder
- A full bladder is necessary to examine the complete renal tract. Insufficient filling of the bladder will give appearances of thickening or a trabeculated bladder, making it impossible to exclude a bladder lesion

Abdominal Ultrasound:

The patient should be fasting for 12 hours.

Optimum conditions for the ultrasound examination of the abdominal organs require a fluid-filled gallbladder and as little gas in the gastrointestinal tract as possible.

* If the patient is a diabetic, he/she may be accommodated by receiving an early appointment time.

Pelvis Ultrasound:

Patient must drink 1.5 litres of water 1hr before the scan and not empty their bladder. To optimally visualize the pelvic contents, bowel gas must be displaced. This is accomplished by filling the bladder to full capacity.



In practice, both abdominal and pelvic scanning are often performed at the same attendance. Oral intake of clean fluids will not provoke gallbladder emptying and so the two preparations can be combined.

If you have any questions, please do not hesitate to call the Sonographer at 5916.

PATIENT PREPARATION FOR AN M.R.I. SCAN

Magnetic Resonance Imaging is a non-ionizing method of imaging the body. It uses a magnetic field to acquire cross-sectional images of the body. In the M.R.I. department, M.R.A. (Magnetic Resonance Angiography) scans are also performed. Owing to the strength of the magnet, patient safety is of utmost importance. It is essential that the M.R.I. Patient Safety Questionnaire and the M.R.I. Safety Memorandum (see page and 19) should be discussed with the patient before all scans.

This is the only patient preparation necessary before an M.R.I. scan with the following exceptions:

M.R.I. Abdomen:

- The patient is required to fast for 7 hours prior to the scan.
- An IV cannula is not necessary.

M.R.C.P:

- Magnetic Resonance Cholangiopancreatography examines the gall bladder and bile ducts. The patient is required to fast for 7 hours prior to the scan.
- An IV cannula is not necessary.

M.R.I. Pelvis:

- The patient is required to fast for 4 hours prior to the scan.
- An IV cannula is not necessary.

M.R.I. Enteroclysis:

- This is an examination of the small intestine.
- The patient should attend the M.R.I department one hour prior to their appointment as they must drink oral contrast (15mls of gastrograffin in 1litre of water).
- The patient is required to fast for 7 hours prior to the scan.
- An IV cannula is not necessary.

M.R.I. Breast:

- The patient is not required to fast.
- The patient should have an IV cannula in situ.

Renal M.R.A.

- The patient is required to fast for 4 hours prior to the scan.
- The patient should have an IV cannula in situ.



Carotid M.R.A.

- The patient is not required to fast.
- The patient should have an IV cannula in situ.

Peripheral M.R.A.

- The patient is not required to fast.
- The patient should have an IV cannula in situ.

Brain M.R.A.

- An examination of the Circle of Willis.
- No specific patient preparation required.

PATIENT PREPARATION FOR A NUCLEAR MEDICINE SCAN

A nuclear medicine scan is a test in which radioactive material is injected into the body and is used to create an image of a specific organ or bone using a gamma camera. This test can provide information about the structure and function of specific parts of the body.

Isotope Bone Scans (IBS):

Procedure

- 1 **Intravenous administration of radiopharmaceutical.** This may be immediately followed by 5-10 minutes of imaging depending on the indications for the procedure.
- 2 **Uptake Time.** The patient will then return to the ward for a minimum of 2 hours (more often 3). This is known as the uptake time and is necessary in order to allow the radiopharmaceutical to be absorbed by bone. During this time the patient may eat normally and is encouraged to drink approx. 2 pints of any liquid. If the patient is unable to do so, they can be given IV fluids under the direction of the RMO or referring clinician. These instructions and the return time will be given to the patient before they leave the Nuclear Medicine Department.
- 3 **Delayed Phase.** Patients are asked to void immediately prior to imaging. This phase takes approx. 30-45 min. During this time the patient is generally lying supine with the gamma cameras moving around them.
- 4 Patients may eat and drink as normal following the procedure.

Preparation

IT IS **NOT** NECESSARY FOR PATIENTS TO FAST PRIOR TO IBS

- IV access: Peripheral IV cannula in-situ
- LMP: Female patients aged 14 – 55 must be imaged within 10 days of the first day of their most recent period (10-day rule). If it is not suitable to schedule the procedure for this time a clinical waiver must be signed by the referring clinician.
Breast feeding must be discontinued for 48hrs following administration of the radiopharmaceutical.
- IBS should not be carried out on the same day as surgical procedures. All other diagnostic and therapeutic procedures should be scheduled before radiopharmaceutical administration.

Renogram (DTPA)

Procedure

- 1 Patients are asked to void immediately prior to the procedure.
- 2 Patient lies supine on the imaging table while the radiopharmaceutical is administered through the peripheral IV cannula.
- 3 Imaging commences immediately following IV administration and continues for 30 mins.
- 4 During procedure patient may be given IV diuretic.
- 5 Patients are asked to void immediately following imaging.
- 6 Delayed phase imaging may be required, this would be performed approx. 1 hour after radiopharmaceutical administration.
- 7 Patients may eat and drink as normal following procedure.

Preparation

IT IS **NOT** NECESSARY FOR PATIENTS TO FAST PRIOR TO RENOGRAMS

- Patients should be well hydrated before attending for Renograms (approx.1 litre of fluid orally).
- IV access: Peripheral IV cannula in-situ
- LMP: Female patients aged 14 – 55 must be imaged within 10 days of the first day of their most recent period (10-day rule). If it is not suitable to schedule the procedure for this time a clinical waiver must be signed by the referring clinician.
- Breast feeding must be discontinued for 48hrs following administration of the radiopharmaceutical.
- Renograms should not be carried out on the same day as surgical procedures. All other diagnostic and therapeutic procedures should be scheduled before radiopharmaceutical administration.

DMSA

Procedure

- 1 IV administration of radiopharmaceutical.
2. Patients may return to the ward following administration of DMSA. They can eat normally and are asked to increase fluid intake (approx.1litre over 120 minutes)
- 3 Patient returns to the Nuclear Medicine department not less than 90 minutes post radiopharmaceutical for imaging.
- 4 During imaging patient lies supine and the gamma cameras are moved around their abdomen.
- 5 Imaging takes approx 45 minutes.
- 6 Following imaging patient may eat and drink as normal.

Preparation

IT IS **NOT** NECESSARY FOR PATIENTS TO FAST PRIOR TO DMSA scans.

- Patients should be well hydrated before attending for (approx. 1 litre of fluid orally).
- IV access: Peripheral IV cannula in-situ
- LMP: Female patients aged 14 – 55 must be imaged within 10 days of the first day of their most recent period (10-day rule). If it is not suitable to schedule the procedure for this time a clinical waiver must be signed by the referring clinician.
- Breast feeding must be discontinued for 48hrs following administration of the radiopharmaceutical.
- DMSA scans should not be carried out on the same day as surgical procedures. All other diagnostic and therapeutic procedures should be scheduled before radiopharmaceutical administration.

Isotope Thyroid Scan

Procedure

- 1 Radiopharmaceutical is administered through IV cannula
- 2 Patient is asked to drink 1 glass of water over the following 15 minutes
- 3 Imaging is carried out 20 minutes following radiopharmaceutical administration.
- 4 Imaging lasts for approx.20 minutes. During this time the patient is supine with the gamma camera directly above their head and neck.
- 5 Patient may eat and drink as normal following procedure.
- 6 Patient may resume any medications immediately following procedure.

Preparation

IT IS **NOT** NECESSARY FOR PATIENTS TO FAST PRIOR TO ISOTOPE THYROID SCANS.

- For patients who have recently received X-ray contrast agent, have taken thyroid medications or have taken alternative seaweed based remedies or foods please discuss with the Nuclear Medicine department before booking procedure.
- IV access: Peripheral IV cannula in-situ
- LMP: Female patients aged 14 – 55 must be imaged within 10 days of the first day of their most recent period (10-day rule). If it is not suitable to schedule the procedure for this time a clinical waiver must be signed by the referring clinician.
- Breast feeding must be discontinued for 24hrs following administration of the radiopharmaceutical.
- Isotope Thyroid scans should not be carried out on the same day as surgical procedures. All other diagnostic and therapeutic procedures should be scheduled before radiopharmaceutical administration.

Parathyroid

(Parathyroid scans are **NOT** connected to isotope thyroid scans).

Procedure

- 1 Radiopharmaceutical (Sestamibi) is injected through peripheral cannula.
- 2 Patient is asked to drink 1 glass of water during the following 15 minutes.
- 3 The first image is acquired 20 minutes following injection and the remainder at intervals of approx. 45 minutes over the following 3 hours. Further delayed images may be necessary.
- 4 Patients may eat and drink as normal during intervals between images.
- 5 Patients may eat and drink as normal following procedure.

Preparation

IT IS **NOT** NECESSARY FOR PATIENTS TO FAST PRIOR TO PARATHYROID procedures

- It is **not** necessary for patients to stop any medications (including thyroid medications) prior to Parathyroid scans.
- IV access: Peripheral IV cannula in-situ
- LMP: Female patients aged 14 – 55 must be imaged within 10 days of the first day of their most recent period (10-day rule). If it is not suitable to schedule the procedure for this time a clinical waiver must be signed by the referring clinician.
- Breast feeding must be discontinued for 48 hrs following administration of the radiopharmaceutical.
- Parathyroid scans should not be carried out on the same day as surgical procedures.
- All other diagnostic and therapeutic procedures should be scheduled before radiopharmaceutical administration.

Perfusion Lung Scans

Procedure

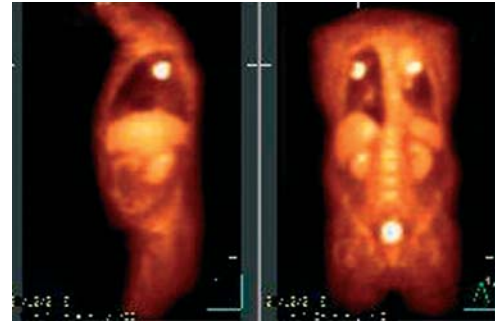
Radiopharmaceutical is administered intravenously, with the patient lying supine. Imaging commences immediately following injection and continues for approx. 15 minutes. Patients may eat and drink as normal following procedure.

Preparation

IT IS **NOT** NECESSARY FOR PATIENTS TO FAST PRIOR TO PERFUSION LUNG SCANS

- DO **NOT** CANULATE PATIENTS FOR PERFUSION LUNG SCANS AS THE RADIOPHARMACEUTICAL MUST BE GIVEN BY "DIRECT STICK"
- LMP: Female patients aged 14 – 55 must be imaged within 10 days of the first day of their most recent period (10-day rule). If it is not suitable to schedule the procedure for this time a clinical waiver must be signed by the referring clinician.
- Breast feeding must be discontinued for 48hrs following administration of the radiopharmaceutical.
- Perfusion lung scans should not be carried out on the same day as surgical procedures. All other diagnostic and therapeutic procedures should be scheduled before radiopharmaceutical administration.
- Please inform the nuclear medicine department prior to the procedure if the O₂ sats are below 90% on room air.

PATIENT PREPARATION FOR A P.E.T. SCAN



P.E.T. C.T. is a complex procedure which has quite specific patient preparations. If a patient in your care requires a P.E.T. C.T. scan we would recommend that you **contact the Radiographer directly at 5626** for advice and information.

PATIENT PREPARATION FOR INTERVENTIONAL PROCEDURES IN RADIOLOGY

Portacath Implantation:

Portacaths are implanted into the patient using fluoroscopy. The procedure is carried out by a radiologist and is assisted by the radiology nurse. The patient is generally sedated for the procedure.

Preparation:

- The following blood tests must be performed prior to Portacath Insertion; FBC, U&E and COAG screen.
- An IV cannula should be in situ.
- The patient should be fasting from midnight prior to the procedure.
- Patients should be in a gown and should come down in their beds.

Biopsies:

Biopsies are carried out using CT or Ultrasound.

Preparation:

- The following blood tests must be performed prior to biopsy; FBC, U&E and COAG screen.
- If the biopsy is of the liver, spleen, renal system or pancreas, a Group and Hold must also be done.
- An IV cannula should be in situ.
- The patient should be fasting from midnight prior to the procedure.
- Patients should be in a gown and should come down in their beds.

Peripheral Angiography:

Peripheral Angiography is done using fluoroscopy. The procedure is carried out by a radiologist and is assisted by the radiology nurse.

Preparation:

- The Radiology Nurse needs to be informed if the patient is diabetic.
- The following blood tests must be performed prior to angiography; FBC, U&E and COAG screen.
- An IV cannula should be in situ.
- The patient should be fasting from midnight prior to the procedure.
- Patients should be in a gown and should come down in their beds.

If you have any questions, please do not hesitate to call the Radiology Nurse at 5644.

MRI QUESTIONNAIRE

Name: _____

Date of Birth: _____

Address: _____

Telephone: _____

It is important to answer the following questions fully:

	Yes	No
Have you signed the Insurance form?		
X-RAYED HERE BEFORE? YEAR		
Have you had a pacemaker or artificial heart valves?		
Have you had any surgery to stop a bleed in the brain or elsewhere?		
Have you any joint replacements or metal implants?		
Have you ever worked with metal – welding or cutting etc?		
Do you have any foreign bodies or shrapnel in your eyes or skin?		
Do you have any jewellery in any part of your body?		
Do you wear dentures, a dental plate or hearing aid?		
Do you have an eye or ear implant?		
Do you suffer from epilepsy?		
Do you suffer from Diabetes?		
Could you be claustrophobic?		
Female:		
Could you be pregnant?		
Are you breastfeeding?		

Please ensure all loose metal articles are removed from your person before entering the scan room. These include: Glasses, Hearing Aid, Jewellery, Watch, Money, Keys, Credit Cards, Hair Clips, etc.

I have read and understand the questions on this consent form and agree to be imaged.

Signature: _____

Witness: _____

Date: _____

SAMPLE QUESTIONNAIRE