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MR ENTEROGRAPHY

Information Sheet and Declaration of Consent

| Patient's name: | |
|---|---|
| Patient's contacts: | |
| Highly esteemed patient, | |
| We ask you to read through this information sheet carefully and answ you have any questions or remarks regarding this information sheet or please do not hesitate to ask the examining leech or the assistant! | |
| During examination it may be necessary shooting Buscopan injection | n. |
| The Buscopan Injection | |
| Buscopan is a drug helping the guts to relax during the examination. essary – before the examination. The effect of Buscopan takes 5-10 | |
| Buscopan may have the following known by-effects: dry mouth, deferate, urine detention. These by-effects are usually of lower grade. It ion may occur after injection of Buscopan (e.g. cutaneous eruption ing troubles, in serious cases life-threatening reaction, anaphylaxis s | Very rarely allergic reac- , respiratory and breath- |
| After the injection of Buscopan it may occur, that also the muscles of This may cause sight problems. We ask you therefore not to drive an of Buscopan ceases! If you feel pain in your eyes after the shot of in occur, you shall immediately recourse your optometrist! | ny vehicle until the effect |
| It is important to know that the by-effects of injection are negligible tages! | compared to its advan- |
| When Buscopan can not be injected? | |
| Buscopan can not be shot to everyone. We ask you to read through carefully and mark your answers with a cross. If your answer is yes Buscopan can not be shot to you. | |
| Do you suffer from Untreated glaucoma? Prostate enlargement causing urine detention problems? Rush heartbeat? (above 100 heartbeat when being calm) muscular weakness (Myasthenia gravis)? diagnosed Colon enlargement? diagnosed pathological gut stricture? | ☐ yes ☐ no |
| Has it been diagnosed that you are allergic to Buscopan? | □ ves □ no |

I declare that I have understood the content of the Information sheet and I have no further questions concerning the examination and injection.

Approval to shot Buscopan injection

To shot Buscopan injection your consent is needed. We ask you to decide according to the above information and underline the appropriate answer marked with *!

As to intravenous injection of contrast material (please underline the proper answer marked with *!)

| | * a/ I agree | *b/ I disagree |
|-----------|-------------------------|----------------|
| Budapest, | | |
| | Signature of patient of | |

The evaluation of examination by computer takes a lot of time. Therefore we can give you findings only after 3-4 days. Thank you for your patience and understanding!

| Az orvos tölti ki! / To be filled in by the leech! | | |
|--|--|--|
| A beteg tájékoztatása a fenti tartalommal megtörtént, az igényelt tájékoztatásokat megkapta. | | |
| Budapest, 201hónap. | | |
| szakorvos aláírása | | |