

MINOR Patient - SCANNER

Child's name and firstname :

Date of birth :

Weight (kg) :

Height (m) :

Before the examination of Scanner, please answer carefully to the following questions :

- Is he allergic to medications or is he asthmatic ? YES NO
- Did he have a particular reaction during a radiologic examination ? YES NO
- Did he have an infection (fever, cough, sore throat), dental treatment.....
in the last 15 days ? YES NO
- Madam, if you wish to stay with your child during the exam, are you pregnant.....
or likely to be ? Are you breastfeeding ? YES NO

Information that seems significant to be communicated and **serious illness** :

.....

On the day of the exam :

Bring the doctor's request (prescription, letter), your child's health record, the list of medications he is taking, his medical file (x-ray, ultrasound, scanner, MRI).

For the exam, possibly bring your bottle, pacifier or cuddly toy. Fasting is not necessary.

During the exam :

Although the examination is carried out by a trained team, seeing it done on your own child may be uncomfortable for some parents. You are under no obligation to attend. If you prefer, you can wait in the waiting room, the staff will inform you of the progress of the exam. The exam is very quick. the exam lasts approximately 30 minutes

If it should continue beyond that, the staff will come and warn you and explain how it will take place.


After the examination, some monitoring time will be necessary if he undergoes an injection of contrast medium, then have him drink and eat lightly.


As soon as you return home, in the event of bleeding or redness on the skin, call your doctor or contact the examination center (tel: 04 93 90 08 62) or go to the nearest Emergency Department.

GIE MOUGINSCAN

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BP 1250 - 06254 Mougins Cedex

 04 93 90 08 62

 04 93 90 08 63

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It is normal for you to have questions about the exam your child is taking. We hope to have answered it. Do not hesitate to contact us again for any additional information.

In the past 48 hours, did he have any of the following symptoms :



Cough ? YES NO
Fever (chills, sweats) ? YES NO
Have you had Covid cases around you ? YES NO

I declare to have been informed of various details and risks related to the examination and I give my consent to carry out, archive the examination and transmit it to the medical profession (specialist doctors, RCP).

Madam, Sir (father/mother of the child)
personally completed this form on :

Signature

Dissemination of the report in « Mon Espace Santé / Dossier Médical Partagé »
(shared medical record) :

DISSEMINATION AGREEMENT : All (patient + legal representatives + healthcare professionals) : YES NO

IF NO :

- I would like to NOT SEND ANYTHING to the shared medical record
- I would like to send it to the patient (me) and healthcare professionals but NOT TO LEGAL REPRESENTATIVES
- I would like to send it only to the patient (me)
- I would like to send it only to health professionals


Update on 11/10/2024


Extract from the website of the French Society of Radiology, "examinations in practice"

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