

MRI CONTRAST CONSENT FORM

Your doctor has requested that you have a MRI examination with contrast. The injection will be given into a vein in your arm or hand. For certain MRI exams a contrast media is injected into your bloodstream to show how organs are functioning or to visualize certain structures in your body. The use of intravenous contrast will help provide better vascular opacification and tissue contrast during your examination thereby providing more information in helping us evaluate your problem. The contrast media “gadolinium” is a water base substance which is NOT iodine.

Have you ever had an MRI with contrast material injected into your veins? Y / N

If yes, were there any problems? _____

Do you have a history of:

Asthma Y / N Kidney Failure Y / N Kidney Disease Y / N

Diabetes Y / N On Dialysis? Y / N Kidney Removal Y / N

Please list medications you are currently taking: _____

In very rare cases, severe life threatening anaphylactic reactions and other serious complications such as a fall in blood pressure, shock, shortness of breath, convulsions, and renal failure have occurred. The risk of any of these things happening is the same as with any medications. Recent studies are showing that gadolinium could have an adverse effect on patients that have renal insufficiency or who are in end stage renal disease causing a life threatening disease called Nephrogenic System Fibrosis. If you have renal insufficiency or have been diagnosed with renal disease, please notify a technologist or staff.

The purpose of this form is to insure that you are informed about this procedure and of its possible side effects and complications. I hereby certify that I have read and fully understand my signature represents authorization for the MRI with contrast exam. Your physician has considered these risks before recommending this examination and he/she believes that the diagnostic benefits far outweigh the risk involved.

Patient Signature: _____ Date: _____

Refusal

I DO NOT consent to MRI contrast exam as ordered by my physician, I acknowledge that the exam may not be as accurate as it would have been if I consented to contrast administrations.

Patient Signature: _____ Date: _____