



PATIENT NAME: _____ PATIENT NUMBER: _____

INFORMED CONSENT FOR MRI, WITH OR WITHOUT CONTRAST INJECTION

TO THE PATIENT: You have the right to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you. It is so that you may choose to give or withhold your consent to the procedure.

If you are pregnant or think you may be pregnant, please inform the facility personnel at once. It is very important that you inform the technologist if you have heart valves, a pacemaker, aneurysm clips or other implanted metallic or electrical devices.

Your physician has requested that we perform a magnetic resonance imaging (MRI) examination to obtain additional information. MRI uses a magnetic field and radio waves to produce an image of the internal body parts being examined. MRI is painless, and does not use x-rays or radiation. The only discomfort involved maybe having to lie quietly in a confined space during the study. Because MRI is a diagnostic procedure, it provides information that may aid your physician in diagnosing and treating your medical condition. Without the MRI scan, accurate diagnosis and proper treatment may be delayed.

As part of your MRI, a contrast agent may be injected into your vein in order to produce better images of the part of your body that is being examined. The MRI Procedure may be conducted without the injection of the contrast agent, but the images may not be as helpful to the radiologist and your physician. If you wish to refuse the contrast injection, inform the technologist and the MRI will be conducted without the contrast agent.

Potential Risks – The following complications are possible: anytime an injection is given, there is a potential for pain, bleeding, bruising or swelling at the injection site. MRI exams requiring contrast may result in a mild headache, nausea, itching, or other vague symptoms for a short time after the injection. Additional allergic reactions in response to the contrast agent may include hives, shortness of breath or difficulty in swallowing. There have been rare instances of death after the administration of the contrast agent. It is very important that you inform the technologist if you experience any conditions mentioned in this form.

NOTE TO PATIENTS: If you have previously had a reaction to contrast injection such as hives, severe itching, shortness of breath and/or any significant reaction requiring hospitalization, a history of **asthma** or other **allergic conditions, any history of anemia, sickle cell anemia, kidney disorder, kidney disease or you are currently undergoing dialysis, are pregnant or breast feeding, YOU MUST INFORM THE TECHNOLOGIST.** The FDA is evaluating important safety information about gadolinium-containing contrast agents and a disease known as Nephrogenic Systemic Fibrosis or Nephrogenic Fibrosing Dermopathy (NSF/FFD) that occurs in patients with kidney failure. NSF/NFD appears to occur in patients with kidney failure along with high levels of acid in body fluids, a condition known as acidosis. The FDA is actively investigating but has not determined whether exposure to a gadolinium-contrast agent is associated with the development of NSF/NFD. The safety of contrast for children under the age of 2 has not been established.

There may be other imaging alternatives, however, your physician believes the MRI to be the best diagnostic test for you, considering your symptoms and condition. The benefit of this exam is to assist your physician with a diagnosis.

I (WE) CERTIFY THIS FORM HAS BEEN FULLY EXPLAINED TO ME. THAT I (WE) HAVE READ IT OR HAVE HAD IT READ TO ME, THAT THE BLANK SPACES HAVE BEEN FILLED IN, AND THAT I (WE) UNDERSTAND ITS CONTENTS.

I (WE) HAVE BEEN GIVEN AN OPPORTUNITY TO ASK QUESTIONS ABOUT MY CONDITION, ALTERNATIVE FORMS OF ANESTHESIA AND TREATMENT, THE PROCEDURES TO BE USED, AND THE RISKS AND HAZARDS INVOLVED, AND I (WE) BELIEVE THE I (WE) HAVE SUFFICIENT INFORMATION TO GIVE THIS INFORMED CONSENT.

Patient/Parent/Legal Guardian Signature Date: _____ Time: _____

Witness Signature Date: _____ Time: _____