



CONSENT FOR MRI SCAN WITH INTRAVENOUS CONTRAST

Your Doctor has asked that an MRI scan be performed using intravenous contrast. This contrast may give the radiologist additional information that may not be available with a non-contrast scan. Please read the following information and if you are in agreement, sign and date the form. If you have questions regarding the form you may speak to a Radiologist prior to the scan.

On a few occasions patients have felt nauseous and some have vomited. A few have also experienced a mild allergic reaction and developed hives. This is usually self-limited or may be treated with an antihistamine. Rarely, patients may develop some respiratory difficulties or facial swelling. These can also be treated with medications which are immediately available. Most rare of all is the possibility that less than 1 out of 100,000 patients may experience an unpredictable serious reaction which may even result in death. This is an extremely rare complication and one for which the patient cannot be pre-tested. Nevertheless, intravenous contrast is generally very well tolerated.

Please answer the following question:

- 1) What is your weight?
- 2) Do you have any allergies to any medications or foods? If yes, please list.
- 3) Do you have asthma?
- 4) Do you have kidney disease or on dialysis?
- 5) Do you breastfeed?

I confirm that I have read and fully understand the above. I consent to having the MRI scan performed with the use of intravenous contrast.

PT SIGNATURE: _____ DATE: _____

WITNESS: _____

INTERPRETER: _____

RADIOLOGIST: _____

PHYSICIAN ASS. _____