



MRI CONTRAST CONSENT FORM

PATIENT NAME: _____

DATE: _____

INTRODUCTION

Unlike CAT scanning (CT) and some other methods of viewing the body, Magnetic Resonance Imaging (MRI) does not use x-ray but rather uses magnetism and radio waves.

PROCEDURE

- You will be interviewed to be certain that you do not have a pacemaker or other implanted electronic device. If you have had brain surgery we must obtain (or you must provide) an x-ray of your head to be certain metallic aneurysm clips were not used.
- If there is any chance of pregnancy, please inform the technologist prior to the exam. Is there any possibility of pregnancy? _____ Please Initial _____
- You will be asked to remove your clothes, watch, jewelry (rings accepted), and to change into a gown. A small locker will be provided for your valuables.
- You will enter a copper-lined room and lie on a table that will slide you into the magnet. This is the M.R.I magnet. Although you will hear repetitive machine like noise, you will feel nothing abnormal. Ear plugs will be provided. You will be asked to lie still approximately thirty minutes to an hour.
- You will be asked to allow us to access your medical records and other diagnostics examinations for the purposes of comparison.
- In certain cases a magnetic contrast agent may be indicated. If this is necessary you will be informed in advance.

RISKS

Extensive evaluation has shown no hazardous effects from M.R.I. because this is still a relatively new technology, however, long term effects are unknown. Steps have been taken to exclude metallic objects from the M.R.I site.

Your doctor has asked that you have an exam that involves Magnetic Resonance Imaging of the body. This method of examination has the possibility of better defining certain tissues within the body and may improve the diagnostic capability with little risks to you.

If magnetic contrast is injected, the risks of an allergic reaction (i.e. hives, itching, low blood pressure, headaches and nausea) are present. Although very rare, a few fatalities have been reported in medical literature. We will take all steps necessary to handle any reaction that might occur, however, there can be no guarantee regarding the success or result of such treatment.

By signing below, I attest that I have read and understand all the above and I agree to being imaged by South Atlanta Radiology Associates. I have reviewed all my answers for accuracy and have had the opportunity to ask any questions regarding the information on this form and the examination that I am to undergo.

Signature of Person Completing Form: _____ Date: _____

Form Completed By: Patient/Relative _____ Nurse _____

Form Information Reviewed by: _____ Nurse _____

Radiologic Technologist/Radiologist/Office Staff/Other _____

Total Contrast Material Used: _____ cc