



MR CONTRAST CONSENT FORM

PATIENT NAME: _____

DOB: _____ ACC: _____

CONSENT FOR MRI WITH GADOLINIUM

Your physician has ordered an MRI Scan. You will be given an injection which contains Gadopentate Dimeglumine which will enhance visualization of the areas of interest.

There are potential complications which are quite rare. The most common problems are only transient and mild to moderate. Nausea may occur occasionally as well as coldness at the site of injection. Pain, vomiting or dizziness occur even less often. Severe complications such as low blood pressure, seizures, gastrointestinal distress, etc. would be extremely rare. The valuable information obtained far outweighs the potential risks.

You should inform your technologist if you suffer from kidney or liver disease, have anemia or a disease affecting your red blood cells and if you are pregnant

I do hereby consent to the intravenous injection of Gadopentate Dimeglumine and to the use of other medication which, may be judged necessary medical or surgical actions required for its corrections.

The risk and complications of the study have been explained to my satisfaction. I accept these risks and agree to have the examination.

Signature of Patient

Date/Time

Signature of Witness

► If patient is a minor or is unable to sign:

Signature of Patient or Legal Guardian

Date/Time

Signature of Witness

► DENIAL OF CONSENT: I have decided not to have this test. My physician has explained to me the possible risks of NOT having this examination.

Signature of Patient

Date/Time

Signature of Witness