

INTRAVENOUS PARAMAGNETIC CONTRAST CONSENT

Complete for all patients having an MRI with Contrast

Your physician has referred you for an examination that requires the intravenous (injection into the vein) use of a substance that interacts with the MRI scanner in a particular way. Its purpose is to help visualize normal and abnormal structures that may not be seen without the use of this agent. The additional information gathered after an injection of contrast can greatly assist the radiologist's interpretation of the examination.

The use of contrast material in the presence of the following conditions requires special consideration. Please inform the Radiologic Technologist or the Radiologist if you have, or suspect you have one or more of these conditions: pregnancy, breast feeding, liver, kidney, heart disease, extensive allergy or asthma history, sickle cell anemia or other hemoglobin diseases.

Temporary sensations that can rarely occur after such an injection include an alteration in taste sensations, mild headache or dizziness, and nausea. Pain, redness, or infiltration (contrast material is displaced outside of the vein) is uncommon but can occur at the injection site itself. Treatment for these types of problems will be addressed immediately. Phlebitis (inflammation of the vein) can occur, even with a properly placed IV and could result in a need for further medical treatment.

More serious reactions, although extremely rare, have been reported in less than 1 in 2000 cases. Even more rarely, cardiac failure, shock and death have been reported as is the case with ANY intravenous injection. These types of reactions are not expected. However; in the event that any of these reactions should occur, emergency equipment, personnel, and medications are readily available to treat the symptoms.

Check here if you have further questions and/or wish to speak to a Radiologist before signing below. Your signature below indicates that you have had any questions answered to your satisfaction and do not desire additional information.

[Patient/Parent/Conservator/Guardian]	[Date]	[Time]	A.M./P.M.
[If signed by other than patient, indicate relationship]	[Witness]		

<p style="text-align: center;">AUTHORIZATION FOR MRI WITH INTRAVENOUS PARAMAGNETIC CONTRAST</p> <p>PS 4285 11/02/09</p> <div style="text-align: center; margin-top: 20px;">  <p>[7723]</p> </div>	<p style="text-align: center;">Original – Chart Copy – Patient</p>
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