OPEN MRI
LIBERAL DIAGNOSTIC

MRI CONTRAST CONSENT FORM

Date ___ / ____ /____

Patient Name: _____ Date of Birth: ___ /___ /___

Due to your clinical history, an injection of MRI contrast into one of your veins is necessary for evaluation of your MRI images or has been requested by your physician.

The contrast agent used in *Gadolinium*.

The FDA has approved this contrast agent. About 5% of patients who receive this contrast may develop a headache and 0.75% of patients may experience mild nausea. Rarely, local inflammation or irritation may occur at the injection site.

Do you have asthma? Y N

Are you pregnant? Y N

Are you a nursing mother? Y N

Do you have kidney problems? Y N

Do you have diabetes? Y N

Do you have any allergies? Y N

If so, please list: _____

If you answered YES to any of these questions, PLEASE INFORM THE TECHNOLOGIST PRIOR TO YOUR EXAMINATION

Patient Signature: _____ Date___ /___ /___ Time: _____

For technologist to fill out

Gadolinium Administered (cc):_____ Lot #: _____ Expiration Date: ____ /____ / ____

Injected by: _____ Injection Site: _____ Reaction: _____

MRI Technologist: _____