



## MRI Consent for Contrast Material Injection

You will receive an intravenous contrast injection of a contrast agent **Magnevist (Brand of gadopentetate dimeglumine.)** The benefit of the contrast agent is to provide your physician with additional

diagnostic information to assist him/her in either (i) diagnosing the existence of or absence of a medical; or (ii) the treatment of a medical condition. You have the right to be informed of the risks, benefits, and nature of the procedure and any alternative procedures. Please read this form carefully and ask any questions you may have before you decide whether to give your consent for contrast agent administration.

### PLEASE INFORM THE TECHNOLOGIST BEFORE THE PROCEDURE BEGINS IF THE FOLLOWING APPLIES TO YOU:

- **Breastfeeding or chance you may be pregnant.**
- **Kidney disease that requires dialysis**
- **Sickle cell or seizures.**

**Potential Risks of Intravenous Contrast:** Although intravenous contrast agents have been used safely in millions of cases, minor reactions, principally nausea, vomiting, headaches, dizziness, sneezing, overall warm sensation, unusual taste in the mouth, and or swelling or discomfort near the injection site have been reported. Reactions that are considered rarer are chest pain, tissue swelling and hives. Allergic reactions could lead to impaired kidney functions, cardiac or respiratory problems. In extremely rare cases life threatening reactions.

**Acknowledgement:** By signing this form you agree that you (i) have read and understood the information on this form, (ii) have been verbally informed about the administration of the contrast agent, (iii) have had an opportunity to ask questions and have received all the information you desire concerning contrast agent, (iv) understand the potential risks, benefits and alternatives of the contrast agent, (v) have been informed that you may revoke your consent anytime without effecting future treatment, (vi) consent to and authorize the Center to administer the Contrast Agent in connection with this procedure.

### PLEASE CIRCLE YES OR NO FOR THE FOLLOWING:

Yes	No	I have severe kidney disease (i.e. requiring dialysis or awaiting renal transplant)
Yes	No	I have chronic liver disease (such as cirrhosis, awaiting liver transplant, hepatitis) And any renal insufficiency or kidney problems
Yes	No	I have no history of any type of kidney or liver dysfunction

If you have any renal insufficiency or kidney problems, what was your last bun/creatinine level ?

\_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

Technologist Signature \_\_\_\_\_

Date \_\_\_\_\_

Lot # \_\_\_\_\_

Expiration Date \_\_\_\_\_