

PATIENT INFORMATION AND CONSENT FOR MRI CONTRAST ENHANCEMENT INJECTION



YOUR DOCTOR HAS REQUESTED A MRI TEST THAT REQUIRES YOU TO RECEIVE AN INJECTION OF MRI CONTRAST DYE INTO A VEIN IN YOUR ARM. THE "DYE" IS A GADOLINIUM CONTAINING SOLUTION THAT MAKES CERTAIN DISEASES AND IMPORTANT BODY STRUCTURES MORE VISIBLE ON MRI IMAGES. YOU MAY HAVE HAD A "DYE" INJECTION FOR AN X-RAY OR CT SCAN BEFORE; HOWEVER, THE MATERIAL WE INJECT FOR AN MRI IS A DIFFERENT SUBSTANCE.

Most people do not have any complications with this test. However, occasional mild reactions to the contrast may occur, which usually pass without treatment. In extremely rare instances, life threatening or even fatal reactions may occur. Patients with severe kidney disease may experience nephrotoxicity with the administration of high doses of Gadolinium. The Radiologist in charge of your case is aware of these risks and possible complications. In their opinion, the information to be gained from the test will be beneficial in diagnosis and treatment of your condition, and these benefits outweigh any risks.

If you desire further information, please speak to the technologist during your test, or ask to speak to the Radiologist involved with your test.

Some people may be more likely than others to have reactions, so we ask that you answer the following questions to help us identify if you may be at increased risk. All information supplied will be treated in strict confidence.

- Have you had an injection of MRI contrast before? Yes__ No__
- If YES, did you have a reaction or allergy to this contrast? Yes__ No__
- Do you have severe liver disease, sickle cell anemia, seizures, convulsions or severe kidney disease? Yes__ No__
- Are you pregnant or breast feeding? Yes__ No__
- Do you have any other illness or medical problems that you believe we should know about? Please explain: Yes__ No__

- How much do you weigh? ____ lbs OR ____ kg

Consent for Injection of MRI Contrast

I have read and understand the information regarding the injection of MRI contrast "dye" and agree to the administration of contrast by Dr. _____ and any assistants who may be appointed.

Signature of Patient/Guardian

Date

Witness