Informed Consent for MRI With or Without Contrast Injection

Patient Name: _____ Date: _____

Date of Birth: _____ /_____ /_____ Weight: _____

I, the undersigned, being either the patient named above or legally authorized representative of he patient named above, do hereby consent to the performance of medical diagnostic and imaging procedures at DOC Medical Imaging, on the terms and conditions more fully set out below. I understand that I have the right to be informed about the diagnostic imaging procedure being used so that I may make the decision whether or not to undergo the procedure.

1. Consent to Imaging Procedure: Your attending physician believes it beneficial for you to undergo a diagnostic imaging procedure known as magnetic resonance imaging (MRI) to obtain additional information that may aid in diagnosing and treating your medical condition. It has been explained to me that MRI does not use x-rays or radiation. Instead a magnetic field and radio waves are used to create an image of internal body structures. MRI is a painless procedure that only requires that you lie quietly on a table that gently glides you into the magnet. While the scanner is performing your scan, you will hear some humming and thumping sounds. These are normal and should not worry you. In some cases, a contrast agent may be injected into your vein in order to give a clearer image of the area being examined. The MRI study may be conducted without the injection of contrast, but the images may not be as helpful to the radiologist and your physician. Inform the technologist if you wish to refuse the contrast injection.

2. Because of the magnetic field and radio frequencies, people with a heart pacemaker, brain aneurysm clips, and some implanted metallic or electrical devices should not have an MRI. It is important that you inform the technologist if you have any of these metallic appliances. Please inform the technologist if you are pregnant or think that you may be pregnant.

3. Potential Risks: Anytime an injection is given there is the potential for bruising or swelling at the injection site. Occasionally, minor allergic reactions occur in the form of itching, sneezing, hives, swelling of the eyes, wheezing or nausea. These symptoms may require treatment with medication we have at hand. Rarely, a more serious reaction will occur. A doctor will evaluate the situation and determine if additional medical treatment is necessary. Even though it is extremely rare, medical statistics indicated that a fatality might occur from the injection of contrast.
If you have a kidney disorder or are pregnant or breast feeding, you **MUST inform the technologist.**
DO NOT BREAST FEED FOR 24 HOURS AFTER CONTRAST INJECTION.

4. The benefit of this exam is to assist your physician with making a diagnosis. There may be other imaging alternatives, however your physician believes the MRI to be the best diagnostic test for you, after evaluating your symptoms and medical condition.

5. There are no post instructions for your MRI, you can eat, drink, take medications, do everything as normal.

By my signature below, I hereby certify that I have fully read this consent, had it explained to me or have had it read to me. I have been given an opportunity to ask questions about my condition, alternative forms of treatment, and the procedures to be used, and the risks and hazards involved. I understand its contents and have sufficient information to give this informed consent.

Patient/Parent/Legal Guardian Signature: _____ Date: _____

Technologist Signature: _____ Date: _____

DOC Medical Imaging Services

Please Indicate if you have any of the following					
Aneurysm Clip(s):	☐ Y	☐ N	Vascular Access Port and/or Catheter:	☐ Y	☐ N
Cardiac Pacemaker:	☐ Y	☐ N	Radiation Seeds or Implants:	☐ Y	☐ N
Implanted Cardioverter Defibrillator (ICD):	☐ Y	☐ N	Piece of metal lodged or stuck in eye:	☐ Y	☐ N
Electronic Implant or Device:	☐ Y	☐ N	Medication Patch (Nicotine, Nitroglycerin):	☐ Y	☐ N
Magnetically-Activated Implant or Device:	☐ Y	☐ N	Any Metallic Fragment or Foreign Body:	☐ Y	☐ N
Neuro-stimulation System:	☐ Y	☐ N	Are you Diabetic?:	☐ Y	☐ N
Spinal Cord Stimulator:	☐ Y	☐ N	Tissue Expander (e.g. Breast):	☐ Y	☐ N
Internal Electrodes or Wires:	☐ Y	☐ N	Surgical Staples, Clips, or Metallic Sutures:	☐ Y	☐ N
Bone Growth/Bone Fusion Stimulator:	☐ Y	☐ N	Joint Replacement (hip, knee, etc.):	☐ Y	☐ N
Cochlear, Otologic, or Other Ear Implant:	☐ Y	☐ N	Bone/Joint Pin, Screw, Nail, Wire, Plate, etc.:	☐ Y	☐ N
Insulin or Other Infusion Pump:	☐ Y	☐ N	IUD, Diaphragm, or Pessary:	☐ Y	☐ N
Implanted Drug Infusion Device:	☐ Y	☐ N	Dentures or Partial Plates:	☐ Y	☐ N
Any Type of Prosthesis (eye, penile, etc.):	☐ Y	☐ N	Tattoo or Permanent Makeup:	☐ Y	☐ N
Heart Valve Prosthesis:	☐ Y	☐ N	Body Piercing Jewelry:	☐ Y	☐ N
Eyelid Spring or Wire:	☐ Y	☐ N	Hearing Aid (Remove before entering MRI system room):	☐ Y	☐ N
Artificial or Prosthetic Limb:	☐ Y	☐ N	Other Implant: _____	☐ Y	☐ N
Metallic Stint, Filter, or Coil:	☐ Y	☐ N	Claustrophobia:	☐ Y	☐ N
Shunt (spinal or intra-ventricular):	☐ Y	☐ N	Previous MRI, if yes where: _____	☐ Y	☐ N
Previous History of Cancer:	☐ Y	☐ N	Are you on Dialysis:	☐ Y	☐ N
Any History of Kidney Problems:	☐ Y	☐ N	Are you Pregnant:	☐ Y	☐ N
History of Liver Disease:	☐ Y	☐ N			

Important Instructions: Before entering the MRI environment or MRI System room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes,. jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners & clothing with metallic threads.

Please consult the MRI Technologist or Radiologist If you have any questions or concerns.

Note: You may be advised or required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise.

WARNING: Certain implants, devices or objects may be hazardous to you and/or may interfere with the MR procedure. DO NOT enter the MR system room or MR environment if you have any question or concern regarding an implant, device or object Consult the MRI Technologist or Radiologist BEFORE entering the MR system room. The MR system magnet is ALWAYS on.

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Signature of Person Completing Form: _____ Date: _____

Form Completed By: ☐ Patient ☐ Relative ☐ Nurse: _____ Relationship to Patient: _____

Form Information Reviewed By: _____ GFR Result: _____

☐ MRI Technologist ☐ Nurse ☐ Radiologist