Gulf Coast
MRI & Diagnostic

Informed Consent - Intravenous (in Vein) or Intracapsular (in Joint) Contrast Study

Patient Name _____ X-Ray# _____

You have the right as a patient to be informed of the risks and hazards involved with the diagnostic procedure(s). This disclosure is not meant to frighten or alarm you. It is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

Your doctor has requested a/an _____ which requires the administration of an iodine containing compound (contrast). Please read the following discussion.

A small percentage of patients may develop a reaction to contrast injection. Symptoms such as a metallic taste, warm sensation all over the body, nausea, and rarely vomiting are usually transient and generally do not require any treatment.

"Minor" reactions, such as sneezing, red eyes, runny nose, and itching indicate a mild allergic reaction and are generally not life threatening. Swollen tongue, difficulty in breathing, generalized urticaria, shock, etc..., indicate "Major" reactions, which are serious and may be life threatening and require treatment. The risk of developing "Major" reaction is much less if you had no problems with contrast injections in the past. Inform the Radiologist of previous allergic reaction(s).

Have you previously had this or any other examination using contrast-injection in the past, and if so did you have any side-effects? What were they? _____

Do you have a history of any of the following? Please-circle Yes or No:

Yes No Kidney Problems
Yes No Allergies
Yes No Severe Allergic Reaction
Yes No Asthma
Yes No Heart Disease
Yes No Emphysema
Yes No Diabetes
Yes No If Diabetic, do you take Glucophage, or generic Metaformin Hydrochloride?
Yes No Multiple Myeloma
Yes No Sickle Cell Disease
Yes No Pheochromcytoma

I am aware of the possibilities and accept all responsibility for any such reaction(s) and consequences. I will not hold Gulf Coast MRI & Diagnostic, its physicians, contractors, or personnel responsible for any such reaction(s).

Signature _____ Date _____

Women only: Is there a possibility you may be pregnant? Yes No
Date of last menstrual period: _____

Lab results and date: _____ Creatinine: _____ eGFR: _____

Quantity and type of contrast used: _____ Time of Injection: _____

Patient History: _____

Technologist's Signature: _____ Date _____