Gulf Coast
MRI & Diagnostic

Consent for MRI Intravenous Injection of Contrast Material

Your doctor has referred you for Magnetic Resonance Exam for which injection of contrast material into a vein will aid in the evaluation of many normal and possibly abnormal structures.

The contrast contains a Paramagnetic substance (Gadopentetate Dimeglumine or similar substance), which is visible in Magnetic Resonance scans.

The contrast will be administered through a small needle, usually in your arm vein, and other than the needle there will be little if any sensation during the injection of a small amount (several teaspoonfuls) of the contrast.

The reason for having the specific examination as well as alternatives to this procedure, including no imaging at all, plain X-rays, CT scanning, and Magnetic Resonance imaging without contrast, should be discussed with your doctor before you sign this consent form. We believe that the benefits of this contrast-enhanced exam outweigh the minimal risks. So that you are informed we would like to explain the risks:

1. Leakage of contrast from the needle under the skin may cause local discomfort, but only very rarely causes tissue damage.
2. Headache nausea and vomiting are rare (less then 10% of patients) and are transient.
3. While organ damage is unlikely, contrast is administered with caution on patients with **kidney or liver disease or anemia.** Please notify the technologist if you think you have these diseases.
4. If you are pregnant, this agent may be contraindicated; again please notify the technologist. Please discuss with the technologist if you are breast feeding, as you may not be able to breast feed for up to 48 hours after the injection.
5. Serious reactions including severe allergic response or shock are extraordinarily uncommon if they occur at all with this contrast agent.

If you have any concerns or questions, or would like to tell us anything special, please feel free to talk to the technologist.

Signature _____ Date _____/_____/_____

Age _____ Weight _____ Date of Birth _____/_____/_____

Office Staff Use Only:

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

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

Lot #: _____ Expiration Date: _____

Injection Side: _____ Right _____Left Injection Site: _____

Technologist's Signature: _____ Date _____/_____/_____