



**INFORMED CONSENT FOR MRI WITH CONTRAST**

Patient Name: \_\_\_\_\_ MR# \_\_\_\_\_

**IF YOU ARE PREGNANT OR THINK THAT YOU MAY BE PREGNANT, PLEASE INFORM PERSONNEL AT ONCE.**

Your physician has scheduled you for an MRI examination that may require an injection of Gadolinium (a contrast material) into your bloodstream. The contrast material shows up on the images and assists the radiologist in interpreting the MRI scan.

The contrast material is given through a small needle placed into a vein. Normally, contrast material is considered quite safe; however, any injection carries a slight risk of harm including injury to a nerve, artery, or vein, infection, or reaction to material being injected. Rarely a patient will have a mild reaction to the contrast material and develop headaches, nausea or dizziness. Very rarely a serious reaction to the contrast occurs. The physician and staff are trained to treat these reactions.

There are reports of an association between Gadolinium and the development of a serious medical condition called Nephrogenic Systemic Fibrosis (NSF). This condition has been observed in patients with end-stage kidney disease and a few patients with moderate renal dysfunction.

Blood Laboratory results may be needed before we can perform this exam. If we are unable to obtain lab results from your physician that are no greater than 90 days old, we will require labs to be drawn and results forwarded to High Desert Imaging before your exam.

**PLEASE INFORM THE TECHNOLOGIST IF YOU HAVE A HISTORY OF ALLERGIES, HAY FEVER, HIVES OR HAVE EVER HAD A REACTION TO A PRIOR INJECTION OF CONTRAST MATERIAL**

Do you have renal disease (including solitary kidney, renal transplant, & Renal tumor) ?	YES / NO
Have you ever been told that you have moderate renal dysfunction or end-stage kidney disease?	YES / NO
Are you currently on kidney dialysis (hemodialysis or peritoneal dialysis)?	YES / NO
Do you have a history of Hypertension (High blood pressure) ?	YES / NO
Do you have a history of diabetes?	YES / NO
Do you have a history of liver disease ( including liver transplant or pending transplant) ?	YES / NO
Have you had a previous reaction to contrast?	YES / NO
Females only: Are you pregnant or breastfeeding?	YES / NO

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, 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:

Time

**OFFICE USE ONLY**

Contrast Material / Volume \_\_\_\_\_ ML

Injection site / Cath size \_\_\_\_\_ GA

Venipuncture Performed By \_\_\_\_\_

Tech Initials \_\_\_\_\_

Blood Creatinine \_\_\_\_\_

Date Obtained \_\_\_\_\_

Source of Values \_\_\_\_\_

Calculated GFR \_\_\_\_\_

Radiologist Notified  YES  NO