



# INFORMED CONSENT FOR IV CONTRAST FOR MRI

**PLEASE PRINT. THANK YOU!**

A drug (contrast agent) has been developed to produce better pictures of the part of the body that is being examined. The drug is FDA approved and will be injected into the vein.

In a small percentage of cases, there are a number of mild adverse reactions. Rarely, headache or nausea are noted up to 24 hours following contrast administration. In a smaller percentage of cases, there may be more severe complications. These problems are usually recognized promptly and treated without difficulty. If there is any history of hemolytic anemia, sickle cell anemia, kidney disorder, or contrast allergies, these should be described to the technologist and radiologist. If there are any questions regarding this procedure or the possible risks, these should also be asked of the technologist or radiologist.

Although the reactions mentioned above seldom occur, we believe it to be in your best interest to understand what is involved. **You are asked to sign this form to verify that you understand the indications for and possible complications of contrast used for Magnetic Resonance Imaging and consent to the procedure.**

***Female patients, if you are pregnant, please notify the technologist.***

I consent and authorize \_\_\_\_\_ to perform a contrast injection for an MRI scan upon me.

\_\_\_\_\_  
Patient Signature (Guardian/Parent If A Minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

***If patient is unable to sign, complete the following:***

Patient is a minor.

Patient is unable to sign because \_\_\_\_\_.