

MRI CONSENT FORM

The items of information that are briefly summarized below have been explained and discussed with me prior to being taken into the MRI Scanner

A. THE NATURE AND PURPOSE OF THE MRI SCAN PROCEDURE

MRI Scanning is performed by superimposing electrically controlled magnetic field. It relies on a relatively strong interaction of magnetic fields with the chemical properties of the body. **The procedure of Magnetic Resonance Imaging (MRI) uses no ionizing radiation at this time, and has minimal, if any hazards.** This non-iodine contrast medium is used to highlight the areas that may otherwise be difficult to see. A non-iodine contrast medium may be injected if requested by the reading radiologist and/or the referring physician for the completion of your study. This is done with your consent.

Risks: Understandably, complications (side effects) can occur from any contrast study. Reactions include headaches, nausea, dizziness, chest pain, back pain, fever, weakness, or seizures. The possibility of more serious reactions including life threatening fatalities should always be considered, but rarely experienced. Caution should be exercised to women that are nursing or who are pregnant.

I understand that an injection of Gadolinium Contrast is needed to complete my study. The following signature gives the MRI Technologist my permission to complete the injection.

Patient Signature (Legal guardian if patient is a minor)

Date

-ONLY SIGN IF YOU ARE RECEIVING CONTRAST-

B. THE NATURE AND PURPOSE OF THE MRI SCAN PROCEDURE

I have informed the MRI Technologist and /or interviewer of my surgical history (i.e. pacemaker, prosthesis, aneurysm clips, electrical devices or implants) before the MRI procedure takes place.

I understand that before entering the MR system room, I 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 if you have any question and/or concern BEFORE you enter the MR system room

I am aware that if I have any questions and/or concerns that I can consult the MRI Technologist BEFORE I enter the MR system room. I believe that I have adequate knowledge on which to base an informed consent for the MRI Scan procedure. I understand that I have the right to revoke this consent in whole or part prior to commencement of the procedure.

I have read this form in its entirety and fully understand it. All the blank spaces have been completed prior to my signature. I have full opportunity to ask questions concerning the MRI procedure and the risks involved.

Patient Signature
(Legal guardian if patient is a minor)

Date

PremiereScan Technologist/Witness Signature

Date