



CONSENT FORM: CONTRAST INJECTION

Your MRI will include the need for injection of contrast material. As with any medication or food, there are potential allergic reactions and adverse effects. Although the incidence is extremely rare, severe and life threatening reactions are possible.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- YES** **NO** Do you have a history of asthma, allergic reaction, respiratory disease, or reaction to a contrast medium dye used for an MRI, CT or X-ray examination?
- YES** **NO** Do you have diabetes?
- YES** **NO** Do you have thyroid or kidney disease?
- YES** **NO** Do you have a blood disorder, such as hemolytic anemia or multiple myeloma?

I understand that side effects can occur due to injection of contrast material for MRI and that severe and even life threatening reactions are possible, but rare. Potential reactions can be very minor or major. Hives, burning, or pain at injection site, localized edema, chest tightness, angina pectoris, phlebitis, syncope, and death are some of the reactions that can occur. Possible risks of MRI material injections have been explained to me to my satisfaction, and I give my consent for MRI injection. I attest that the above information is correct to the best of my knowledge and I have had the opportunity to ask questions regarding the information on the front and back of this form.

Patient Signature _____ Date _____

Patient or Guardian _____ Date _____

Contrast Agent _____ ML Contrast Material were given _____ IV _____ Intra-Articular

Tech Initials _____