

MRI CONTRAST CONSENT

Patient Name: _____ Date of Exam: _____
Date of Birth: _____

Due to your medical history, or as requested by your Physician, an injection of MRI Gadolinium Contrast may be necessary to aid the Radiologist in evaluating your MRI Scan. The Food and Drug Administration has approved this agent. A very small percentage of patients receiving Gadolinium may develop a headache or experience mild nausea. Rarely, local inflammation may occur at the injection site. **Check YES or NO for each item.**

DO YOU HAVE	YES	NO	TECHNOLOGIST NOTES
Kidney disease or kidney injury			
Kidney surgery, transplant, single kidney			
Kidney tumor or cancer			
Are you on dialysis			
Hypertension requiring medicine			
Diabetes			

Have you ever had an allergic reaction to: MR contrast? Yes No Iodine contrast? Yes No
Do you have Asthma? Yes No List any allergies: _____

Pregnancy Status

if the mother desires, she may refrain from breastfeeding for 24 hours and discard milk after Gadolinium injections.
Are you: **Pregnant?** Yes No **Possibly Pregnant?** Yes No **Breast Feeding?** Yes No

Prohance Patient Medication Guide

I have received a Prohance Patient Medication Guide for review. Yes No

Consent

- I CONSENT to having Gadolinium contrast as needed. (Check box if you agree to contrast)
 I DECLINE having Gadolinium contrast injection at this time. (Check box if you disagree to contrast)

Patient Signature: _____ Date: _____

If a patient is a minor or has a legal guardian, the parent or guardian must sign for consent.

Parent/Guardian Signature: _____ Date: _____

Technologist Signature: _____ Date: _____

FOR STAFF USE ONLY

Contrast: _____ Amount: _____ cc

Injection Site: _____

Injected By: _____ Patient Response: _____

Additional Notes: _____
