



Howard Open MRI Center
 6100 Day Long Lane, #107
 Clarksville, MD 21029
 PH: 410.531.1900 FX: 410.531.0484
Comfort and Peace of Mind.

MRI Contrast Consent Form

Patient Name	
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Given your clinical history or the appearance of previous diagnostic tests, an injection with an MRI contrast agent may be helpful. The contrast agent used in MRI is called gadolinium. This agent is a sterile, clear, colorless solution that will make certain normal and abnormal structures in the body easier to see. MRI contrast agents often help detect and characterize abnormalities that may not be seen without their use. The use of gadolinium has been approved by the Food and Drug Administration. It is felt to be a safe contrast agent. On rare occasions, allergic-type reactions (usually minor, such as hives and itching) can occur. Very rarely, allergic reactions can be more serious and be life-threatening (such as a drop in blood pressure or shortness of breath).

The safety of its use in pregnant women has not yet been determined. If you are breast-feeding, you should not use your breast milk for a 48 hour period following this test. It is safe to resume breast-feeding 48 hours after your test.

Anytime an injection is given, there is potential for pain, bleeding, bruising or swelling at the injection site. Allergic reactions may include hives, shortness of breath or difficulty in swallowing. Occasionally, mild reactions such as transient headache or mild nausea may occur. There have been *rare* instances of severe allergic response, shock and death after the administration of contrast. If you have previously had a reaction to MRI contrast injection (gadolinium), please inform the technologist. Patients with diminished or absent kidney function who receive high doses of gadolinium may be at risk for developing a condition known as nephrogenic systemic fibrosis.

History of renal disease, solitary kidney, kidney transplant, kidney tumor or undergoing dialysis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
History of severe liver disease, liver transplant or pending liver transplant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
History of diabetes treated with insulin or other medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hypertension or high-blood pressure (even if treated with medication)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

History of severe asthma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any allergic conditions If yes, please describe: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
History of sickle cell anemia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For Women of Childbearing Years		
Are you or could you be pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you breastfeeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Having read and understood this information, I hereby freely give my consent for the MRI examination using gadolinium.

_____	_____	_____ lbs.
<i>Signature of Patient</i>	<i>Date</i>	<i>Patient's weight</i>

For Clinical Use Only – Contrast Administration

_____ cc of Optimark contrast injected with a _____ on _____ - _____ - _____ at _____

(Amount) (Contrast Type) (Ga and needle type) (Date) (Time)

x _____ in _____ Lot # _____ Expiration Date: _____

(# of punctures) (Injection site location) (Contrast Lot Number) (Contrast Expiration Date)

Contrast Reaction or Extravasation *(If yes, explain: _____)*

Comments: _____

_____	_____	_____	_____
<i>Signature of Technologist</i>	<i>Date</i>	<i>Signature of R.N. (If applicable)</i>	<i>Date</i>