

## CONSENT FOR MRI GADOLINIUM

Your physician has scheduled you to have an MRI, a commonly performed study that will provide diagnostic information. You will be given an injection, which contains *Gadopentate Dimeglumine*, which will enhance visualization of the areas of interest. There are potential complications, which are quite rare. The most common problems are only transient and are mild to moderate. Nausea may occur occasionally as well as coldness at site of injection. Pain, vomiting or dizziness occurs even less often. Severe complications such as low blood pressure, seizures, gastrointestinal distress, etc. are extremely rare. The valuable information obtained far outweighs the potential risk. You should inform the technologist if you suffer from kidney or liver disease, have anemia or a disease affecting your red blood cells.

I have been made aware and acknowledge that the practice of medicine is not an exact science and that no guarantees or assurances have been made to me as to any of the results or risks. I thereby consent to the intravenous injection of *Gadopentate Dimeglumine* and to the use of other medications, which may be judged necessary by the physician. Should any complications occur during the procedure, I consent to the necessary medical or surgical actions required for its corrections.

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Technologist Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Technologist Signature:**

\_\_\_\_\_

### CONTRAST REFUSAL

I refuse to have the injection of *Gadopentate Dimeglumine* contrast.

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Technologist Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Technologist Signature:** \_\_\_\_\_