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# REGENTS IMAGING

## INFORMED CONSENT FOR MRI WITH INTRAVENOUS CONTRAST

As part of your MRI study being performed today, we are asking for your consent to inject an MRI specific contrast medication into your vein. This will produce more detailed images. The MRI procedure can be done without this contrast agent, but the radiologist and your physician believe the images will be more helpful with this injection. The contrast material has been used for over a decade in millions of cases and is felt to be one of the safest medications that we use in radiology. If you wish to refuse the injection, inform the technologist handling your exam and we will perform the MRI without the injection.

There are some rare but potential side effects with the contrast injection. The most common include: mild headache, nausea, itching or hives. Very rarely, patients experience difficultly breathing requiring medical treatment. Please tell the technologist if you have ever had a reaction to the MRI contrast material. Please note that a previous reaction to the intravenous iodine contrast (also used in radiology) is not a contraindication to the MRI contrast, which contains no iodine.

If you have previously had a true allergic reaction to any drugs, have asthma or any other allergic conditions, sickle cell anemia, kidney disease, are pregnant, or nursing, please inform he technologists; and your case will be discussed with the radiologist.

I have read and understand this form and give my consent for intravenous contrast injection.

Signature: _____ Date: _____
Patient

Signature: _____ Date: _____
Witness

**MRI CONTRAST HISTORY:**

| | | | |
|---|---|---|---|
| Reaction to MRI contrast in the past | Yes / No | If yes, explain: _____ | |
| Asthma | Yes / No | Chronic Respiratory Disease | Yes / No |
| Blood Disorder/Sickle Cell Anemia | Yes / No | Breast Feeding | Yes / No |

***Clinical Use Only***

_____CC of Omniscan with a _____ @ _____ X _____ By_____
*GA & Type* *Time* *# of Punctures* *Signature*

In _____ Lot # _____ Expiration Date:_____
*Site Location*

Contrast Reaction: Yes / No Explain: _____