



Montclair Breast Center MRI
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MRI CONSENT FOR IV CONTRAST INJECTION

PATIENT NAME: _____ PT ID # _____

DATE OF BIRTH: _____ AGE: _____

This examination requires an intravenous injection of gadolinium. This contrast media have been shown to have lower incidence of severe adverse reactions. Identified below are guide lines recommended by the American College of Radiology.

Have you ever had a gadolinium injection? Yes No

Did you have any problems? Yes No

If yes, when and what happened? _____

DO YOU HAVE?

Allergies to iodine? Yes No

Other allergies(list) _____ Yes No Treatment _____

Emphysema Yes No Treatment _____

Hay Fever Yes No

High Blood Pressure Yes No Treatment _____

Heart problems(list) _____ Yes No Treatment _____

Diabetes Yes No Treatment _____

Kidney problems(list) _____ Yes No Treatment _____

Sickle Cell Anemia Yes No

Do you take medications? Yes No Names _____

Are you pregnant? Yes No LMP _____

I UNDERSTAND THAT:

My doctor has requested the performance of a magnetic resonance imaging examination study with a contrast agent, of which there are no known contraindications. I understand that this MRI study requires an injection into my vein. The agent is promptly excreted by the kidneys where it is emptied from the body upon urinating. Because the compound is paramagnetic, it is visible on the MRI scan and permits a detailed analysis.

Although the procedure is generally safe, a very small number of people will be sensitive to the drug, I understand that a small number of patients may, after injection, have a localized feeling of warmth, and may occasionally have coldness, burning, substernal chest pain, fever or hypotension. However, these symptoms occur in less than 1% of the patients. These are mild symptoms and usually pass quickly.

The latest information available indicated that in the United States and Europe, the death rate for patients undergoing this injection is zero percent (0%). However, all precautions will be taken and any symptoms monitored carefully.

I have had the opportunity to ask questions about the procedure and the risks associated with it and I have no further questions. I give my consent to have this study performed.

PATIENT SIGNATURE _____ DATE _____

PATIENT'S GUARDIAN IF MINOR _____ RELATIONSHIP TO PATIENT _____

(FOR RADIOLOGY USE ONLY:) _____ Name of Procedure: **MRI BREAST**

Drug and dose contrast injected _____ Date injected _____

Lot# _____ Time injected _____ Injection site _____

Name of person administering contrast media _____

Name of assigned reading Radiologist _____

Patient refused contrast _____ SIGNATURE TECHNOLOGIST _____

DATE _____