



Office Use Only
MRN _____

CONSENT for USE OF CONTRAST MATERIAL (GADOLINIUM)
MAGNETIC RESONANCE IMAGING (MRI)

Name: _____ DOB: __/__/____

At some point during your MRI exam, the MRI staff will interrupt the scanning procedure in order to administer a contrast agent. The contrast agent is administered through an IV in your arm.

The contrast agent you will receive is used routinely for MRI exams. It contains a material called gadolinium. The injection of contrast does not cause pain, but you may feel a mild discomfort, tingling in the arm or nausea. These symptoms occur in less than 1% (less than 1 in 100) of people and go away quickly. Very rarely, there may be an allergic reaction, but there is less than a one in 300,000 chance that this will be severe. As with any injection, insertion of the needle may also cause minor pain, bruising, and/or infection at the injection site.

Patients with severe kidney insufficiency who receive gadolinium-base agents are at risk for developing fatal or debilitating nephrogenic systemic fibrosis affecting the skin, muscle and internal organs.

Do you have any of the following?

- Yes No Kidney failure (personal or family history)
Yes No Single kidney, nephrectomy, and/or kidney transplant
Yes No Currently taking medication that is potentially toxic to the kidney
Yes No Recent liver surgery, within 30 days
Yes No Are you currently on dialysis

Please notify the technologist if you are allergic to gadolinium or experience any of these effects or other kinds of effects. There will be emergency personnel and equipment on hand for your safety. A physician will be available during the procedure to administer any necessary care if side effects do occur, and to determine when or if the injection of the contrast agent should be stopped.

I confirm that I have read and fully understand the above and have been given the opportunity to ask questions. I represent to the radiology staff and Orange County Diagnostics that I am eligible to give this consent. *

Signature of patient/parent/guardian: _____ Date: __/__/____

Relationship to patient: _____

Witness: _____ Date: __/__/____

* If the patient is under 18 years of age, the permission of the patient's parent or legal guardian must be obtained, unless the patient has married or is the parent of a child.

Table with 3 columns containing contact information for Laguna Woods, Ladera Ranch, and Mission Viejo offices.