

## MRI CONSENT FORM

The items of information that are briefly summarized below have been explained and discussed with me prior to being taken into the MRI Scanner room:

### A. THE NATURE AND PURPOSE OF THE MRI SCAN PROCEDURE

MRI Scanning is performed by superimposing electrically controlled magnetic field. It relies on a relatively strong interaction of magnetic fields with the chemical properties of the body. **The procedure of Magnetic Resonance Imaging (MRI) uses no ionizing radiation at this time, has minimal if any hazards.** This non-iodine contrast medium is used to highlight areas that may otherwise be difficult to see. A non-iodine contrast medium may be injected if requested by the reading radiologist for the completion of your study. This is done only with your consent.

**Risks:** Understandably, complications (side effects) can occur from any contrast study. Reactions include headaches, nausea, dizziness, chest pain, back pain, fever, weakness, or seizures. The possibility of more serious reactions including life threatening or fatalities should always be considered, but rarely experienced. Caution should be exercised to women that are nursing or who are pregnant.

I understand that an injection of \_\_\_\_\_ contrast is needed to complete my study. The following signature gives the MRI department personnel my permission to do the injection.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

### B. THE NATURE AND PURPOSE OF THE MRI SCAN PROCEDURE

I have informed the MRI technologist and/or interviewer of my surgical history (i.e., pacemaker, prosthesis, aneurysm clips, electrical devices or implants) before the MRI procedure takes place.

I am aware that if I desire, a more detailed and complete explanation will be granted before I have my MRI procedure by the MRI technologist performing the procedure or the radiologist.

I believe that I have adequate knowledge on which to base an informed consent for the MRI Scan procedure. I understand that I have the right to revoke this consent in whole or part prior to commencement of the procedure.

I have read this form in its entirety and fully understand it. All the blank spaces have been completed prior to my signature. I have full opportunity to ask questions concerning the MRI procedure and the risks involved.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date