



# OPEN MRI *of* SANPC

1040 EAGLES LANDING PARKWAY  
SUITE 102  
STOCKBRIDGE, GA 30281

**Patient Name:** \_\_\_\_\_  
**Account Num:** \_\_\_\_\_

**Creatinine Level:** \_\_\_\_\_

## INFORMED CONSENT FOR MRI CONTRAST INJECTIONS

A drug (contrast agent) has been developed to produce better pictures of the part of your body that is being examined (**MRI EXAM**). This drug will be injected into your vein.

In a small percentage of cases, there are mild adverse reactions. Rarely, headache or nausea are noted up to 24 hours following contrast administrations. In a smaller percentage of cases, there may be more severe complications such as agitation, high or low blood pressure, convulsions or stomach pain. These problems are usually recognized promptly, and treated without difficulty. To date, there have been no reported serious complications or associated deaths.

If there is any history of anemia, sickle cell anemia or kidney disorder, these should be described to the technologist or radiologist (doctor who will interpret the MRI). If there are any questions regarding this procedure or possible risk, these should be asked to technologist or radiologist.

Although the reactions mentioned above seldom occur, we believe it to be in your best interest to understand what is involved. You are asked to sign this form to verify that you understand the indications for and possible complications of contrast used for Magnetic Resonance Imaging and consent to the procedure.

**\*\*\*FEMALE PATIENTS\*\*\* IF YOU ARE PREGNANT OR NURSING**, please notify the technologist.

I consent to and authorize OPEN MRI OF SANPC to perform a contrast injection for a MRI scan on me.

**DATE:** \_\_\_\_\_ **PATIENT'S SIGNATURE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_ **WITNESS:** \_\_\_\_\_

**PATIENT'S WEIGHT:** \_\_\_\_\_

**DOSAGE OF CONTRAST TO BE ADMINISTERED:** \_\_\_\_\_

**RADIOLOGIST'S SIGNATURE:** \_\_\_\_\_

**TECHNOLOGIST'S SIGNATURE:** \_\_\_\_\_

If the patient is a minor or unable to sign for themselves please complete the following:

Patient is a minor \_\_\_\_\_, or is unable to sign because \_\_\_\_\_.

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LOT:** \_\_\_\_\_

**INJECTION:**

**EXP:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**CONTRAST:** \_\_\_\_\_

**SITE:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

