

INFORMED CONSENT AND REQUEST FOR MAGNETIC RESONANCE IMAGING (MRI)

NAME OF PATIENT _____

Your doctor has requested that we perform a diagnostic procedure called magnetic resonance imaging (also known as MRI). This is a painless and sophisticated test that uses magnetism and radio frequency waves to make images of various body parts.

Occasionally, on the advice of the radiologist who will interpret your examination, it may be helpful to inject a contrast material. This material is not similar to “x-ray dye” or iodine contrast. It has been widely used and has been found to be extremely safe, although rarely a mild allergic reaction may occur.

I UNDERSTAND THAT DURING THE COURSE OF THE PROCEDURE DESCRIBED ABOVE, IT MAY BE NECESSARY OR APPROPRIATE TO PERFORM ADDITIONAL SEQUENCES WHICH ARE NOT KNOWN TO BE NEEDED AT THE TIME THIS CONSENT IS GIVEN. I CONSENT TO AND AUTHORIZE THE PERSONS DESCRIBED HERIN TO MAKE THE DECISIONS CONCERNING SUCH PROCEDURES, AND CONSENT TO AND AUTHORIZE THE PERFORMANCE OF SUCH ADDITIONAL SEQUENCES AS ARE DEEMED NECESSARY AND APPROPRIATE.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS FORM, OR THAT IS HAS BEEN EXPLAINED TO ME. I FURTHER ACKNOWLEDGE THAT I CONSENT TO THIS PROCEDURE VOLUNTARILY, INCLUDING THE INJECTION OF CONTRAST IF DEEMED NECESSARY.

SIGNATURE OF PERSON GIVING CONSENT

DATE

RELATIONSHIP TO PATIENT, IF NOT PATIENT

PATIENT IS UNABLE TO SIGN CONSENT DUE TO: _____