

MRI CONSENT FORM

DATE: _____

PATIENT NAME: _____ DOB: _____

MEDICAL RECORD #: _____ REFERRING PHYSICIAN: _____

You have been scheduled for a Magnetic Resonance Imaging (MRI) scan, per the request of your Physician. An MRI uses a magnetic field and radio signals to form pictures of your body's internal structures. Studies of strong magnetic fields have detected no harmful effects on the body and have shown that MRI's are safe. However, the magnet can attract metal objects within or outside the body. The magnet may also cause malfunctions to any electronic or mechanical implants such as cardiac pacemakers, intracranial aneurysm clips, artificial heart valves or other metallic or electronic devices.

****IF YOU ARE AWARE OF ANY SUCH DEVICES, YOU MUST INFORM US BEFORE ANY MRI SCAN IS PERFORMED. THE DEVICE MAY BE INCOMPATIBLE AND MAY CAUSE HARM TO YOU.**

If you or your medical history, available to us, discloses that you do have some type of metallic device implanted in your body, we will attempt to determine whether or not this device is affected by the strong magnetic field of the MR machine. Even if, to the best of our knowledge, the device is MR compatible, we cannot absolutely guarantee that the MRI scanner will not displace or disable the device, with serious or even life-threatening consequences to you. By signing this consent, you acknowledge that you are aware of these risks and wish to proceed with the MRI scan.

****IF YOU ARE PREGNANT, YOU MUST INFORM US SO THAT A DETERMINATION CAN BE MADE AS TO WHETHER A MRI SCAN IS APPROPRIATE.**

Prior to the MRI scan, you will be asked to remove all jewelry, watches, dental work, any clothing with metal zippers or snaps, etc. During the MRI scan you will lie on a table, which will slide into a large frame containing the magnet. The magnet frame is open at both ends. When we are taking the pictures, you will hear a loud tapping or thumping noise, but there will be no other sensation. We will provide you with ear protection and/or music to minimize the noise the machine produces. Radio waves can cause warming of the body, but we will use low levels that should not produce significant heating. It is very important that you try and hold very still during the test, which may take 20-45 minutes. Occasionally, patients are bothered by claustrophobia (fear of small spaces), in which the test can easily be discontinued.

****IF YOU ARE AWARE THAT YOU ARE CLAUSTROPHOBIC, PLEASE INDICATE THIS TO YOUR PHYSICIAN PRIOR TO SCHEDULING THE EXAM AND YOUR PHYSICIAN WILL DETERMINE WHETHER OR NOT TO PRESCRIBE A MILD SEDATIVE.**

In some cases, the MRI will require the use of a special agent called gadolinium that is injected intravenously (into your veins). This agent provides additional diagnostic information to the physicians. Allergic reactions to this agent are uncommon but do occur. These reactions are usually very minor, such as hives, or a sensation of warmth. In rare instances, however, severe reactions have been reported, such as shock, respiratory distress, or cardiac arrest.

****IF YOU ARE AWARE THAT YOU HAVE HAD PREVIOUS REACTIONS TO MRI CONTRAST, OR IF YOU HAVE ASTHMA, ALLERGIC RESPIRATORY DISORDERS, SICKLE CELL DISEASE, EPILEPSY, KIDNEY OR YOU ARE CURRENTLY ON DIALYSIS, LIVER DISEASE OR OTHER ALLERGIES, PLEASE NOTIFY THE TECHNOLOGIST.**

Your consent to have an MRI scan is voluntary. Your signature below indicates that you have read and understand this consent form and have agreed to have a MRI scan. You may withdraw your consent at any time before the MRI scan is performed.

Patient's Signature _____ Date _____

Parent or Guardian (if signing for Patient) _____ Relationship _____