

## **CONSENT FOR INTRAVENOUS MRI CONTRAST INJECTION**

PATIENT'S NAME:		AGE:
TIME:	DATE:/	<u></u>
Your doctor has scheduled you fo	r an MRI/MRA	·
useful to show blood vessels, orga (OMNISCAN) will be injected into	ans, and other normal or a a vein in your arm or leg.	material containing gadolinium. This is abnormal structures. This contrast This requires a small venipuncture, which ontrast is excreted in the urine as a clear,
reactions occur with much lower frare mild. "Allergic" reactions such patients. Severe anaphylactoid relations with acute or chronic se	requency than with iodinate a as hives and very rarely be eactions are extremely rare evere renal insufficiency, to fibrosis (NSF) following ga	
PRECAUTIONS:	natory process.	
Patients scheduled to receive MR  a. have kidney dise b. have severe liver c. are pregnant or b d. have sickle cell a e. have asthma or a f. have had a react	ase or decreased renal fur disease, liver transplant or creastfeeding anemia or diseases that afallergies ion to MRI contrast in the tion to iodinated (CT) contract.	or pending transplant fect the red blood cells past
CONSENT: I understand the need for this injection	ction and consent to this p	procedure.
SIGNED:	·	
	rized to consent for patient)	(Date)
WITNESS:		Revised 11/2011