

GADOLINIUM CONSENT

Patient Name _____ Date ___/___/___
Referring Physician _____

PATIENT INFORMATION: Please answer the following

- | | YES | NO |
|---|-------|-------|
| 1. Are you pregnant or breast feeding? | _____ | _____ |
| 2. Have you had a previous allergic reaction to a contrast injection? | _____ | _____ |
| 3. Do you have a history of kidney disease? | _____ | _____ |
| 4. Do you have liver disease? | _____ | _____ |
| 5. Have you ever had a seizure? | _____ | _____ |
| 6. Do you have asthma or other allergic respiratory disease? | _____ | _____ |
| 7. Do you have anemia or a disease that affects your red blood cells? | _____ | _____ |
| 8. Are you diabetic? | _____ | _____ |
| 9. How much do you weigh? _____lbs. | | |

Your doctor has ordered a MRI study that requires an injection of Gadolinium contrast. Gadolinium enhances the MRI and may provide us with additional diagnostic information. It is a commonly performed and relatively safe procedure. Some allergic reactions to Gadolinium have been reported. Most of the reactions are minor and do not require any treatment. These may include: nausea, headaches, dizziness, itching, rash, facial swelling, chills, metallic taste, or bronchospasm. Ninety eight out of one hundred people will experience no side effects at all. Major reactions are very rare (less than one in a million), but can result in serious vascular, pulmonary, and cardiac complications. These complications can sometimes be life threatening. Risk of these reactions increase with severe asthma, severe heart disease, or severe lung disease.

CONSENT:

I have read and understand the procedure and it's complications as described above. I hereby give my consent for the administration of intravenous Gadolinium contrast media.

Patient/Guardian Signature Relationship to Patient Date ___/___/___

Witness

*The emergency kit was present before the injection was given. _____
tech initials

FOR OFFICE USE ONLY:

Name of contrast _____ Manufacturer _____
Lot No _____ Expiration Date ___/___/___ Dose _____ml
BUN _____mg/dl Creatinine _____mg/dl Technologist _____