## Musculoskeletal Institute of Louisiana Orthopedic Specialists of Louisiana • Pain Care Consultants

## **Consent for MRI Intravenous Contrast**

| Name   |  |                               | DOB   | Da  | te  |                          |
|--|--|-------------------------------|---|---|---|--------------------------|
| This examination requires an severe adverse reactions. Ide   |  |                               |   |   |   | dence of                 |
| Have you ever had MRI Contr<br>Did you have any problems/r<br>If yes, describe what happ<br>Medications presently taking   | eactions? D Y<br>ened?                               | es                            |   |   |   |                          |
| Allergies  |  |                               |   |   |   |                          |
| DO YOU HAVE? Allergy to BENADRYL? Allergy to STEROIDS? High Blood Pressure Kidney or Renal Disease Sickle Cell Anemia  | ☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes             | □ No □ No □ No □ No □ No □ No | Diabe<br>Seizu<br>Asthr                         |   | ☐ Yes<br>☐ Yes<br>☐ Yes<br>☐ Yes<br>☐ Yes | □ No □ No □ No □ No □ No |
| My doctor has requested this excreted by the kidneys when the MRI scan and permits a d   | e it is emptied                                      | from the bo                   | dy upon urinating. B                            | ecause the compound is pa                                       |   |                          |
| Although the procedure is ge number of patients may, afte chest pain, fever or hypotens usually pass quickly. Serious chave occurred.                              | r injection, hav<br>ion. However,                    | e a localized<br>these sympt  | I feeling of warmth, a coms occur in less that  | and may occasionally have out the second in the patients. These | coldness, burning,<br>are mild sympton    | substernal<br>ns and     |
| Patients who have kidney dis<br>rare disease called Nephroge<br>of Radiology to avoid giving N<br>tightening of the skin and sca<br>not all, have severe kidney di | nic Systemic Fi<br>ARI contrast to<br>rring. To date | brosis (NSF).<br>those at po  | We screen all patier<br>tential risk for develo | nts with criteria recommend pping NSF. NSF is associated        | ded by the America<br>d with thickening a | an College<br>and        |
| In the event you have a medi<br>examination if our physician of<br>evaluation, we reserve the rig  | deems necessa  | ry we will ca                 | III EMS. If you do not                          | t want to be transported to                                     | the hospital for fu                       |                          |
| **Charges for Emergency Tre  | eatment includ                                       | ling transfer                 | via EMS to a hospita                            | al are the sole responsibilit                                   | y of the Patient**                        |                          |
| I have read and understand to opportunity to ask questions   |  |                               |   | n given post contrast instru                                    | ctions. I have beer                       | n given the              |
| Patient Signature  |  |                               | <del></del>                                     | Date  |   | _                        |
| Tech Signature   |  |                               |   | Date  |   | _                        |
|  |  |                               | Office Use Only                                 |   |   |                          |
| Type of Contrast   |  |                               | Mfg _   |   |   |                          |
| Time of Injection<br>Lot Number  |  |                               |   |   |   |                          |
| Tech   | Co   | mplications                   |   |   |   |                          |