



# Montclair Breast Center

37 N. FULLERTON AVE., MONTCLAIR, NJ 07042  
MRI BREAST CENTER: (973) 746-5531

## MRI CONSENT FOR IV CONTRAST INJECTION

PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

*This examination requires an intravenous injection of gadolinium. This contrast media has been shown to have a very low incidence of severe adverse reactions. Identified below are guidelines recommended by the American College of Radiology.*

Have you ever had a gadolinium injection? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Did you have any problems? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, when and what happened? \_\_\_\_\_

### DO YOU HAVE?

Allergies to iodine: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Other allergies (list): \_\_\_\_\_

Emphysema: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Hay Fever: Yes: \_\_\_\_\_ No: \_\_\_\_\_

High Blood Pressure: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Sickle Cell Anemia: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Diabetes: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Treatment: \_\_\_\_\_

Asthma: Yes: \_\_\_\_\_ Treatment: \_\_\_\_\_ No: \_\_\_\_\_

Heart problems: Yes (list): \_\_\_\_\_ Treatment: \_\_\_\_\_ No: \_\_\_\_\_

Kidney problems: Yes (list): \_\_\_\_\_ Treatment: \_\_\_\_\_ No: \_\_\_\_\_

Liver problems: Yes (list): \_\_\_\_\_ Treatment: \_\_\_\_\_ No: \_\_\_\_\_

Are you pregnant? Yes (list): \_\_\_\_\_ Last Period: \_\_\_\_\_ No: \_\_\_\_\_

Do you take medications? No: \_\_\_\_\_ Yes (names): \_\_\_\_\_

**I UNDERSTAND:** My doctor has requested the performance of a magnetic resonance imaging examination study with a contrast agent, of which there are no known contraindications. I understand that this MRI study requires an injection into my vein. The agent is promptly excreted by the kidneys where it is emptied from the body upon urinating. Because the compound is paramagnetic, it is visible on the MRI scan and permits a detailed analysis.

Although the procedure is generally safe, a very small number of people will be sensitive to the drug, I understand that a small number of patients may, after injection, have a localized feeling of warmth, and may occasionally have coldness, burning, substernal chest pain, fever or hypotension. However, these symptoms occur in less than 1% of the patients. These are mild symptoms and usually pass quickly.

The latest information available indicated that in the United States and Europe, the death rate for patients undergoing this injection is zero percent (0%). However, all precautions will be taken, and any symptoms monitored carefully.

I received a copy of the medication guidelines. I had the opportunity to ask questions about the procedure and risks associated with it and I have no further questions. I give my consent to have this study performed.

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PATIENT'S GUARDIAN, IF MINOR: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

### FOR RADIOLOGY USE ONLY:

Name of Procedure: **MRI BREAST**

Drug and dose contrast injected: \_\_\_\_\_ Date Injected: \_\_\_\_\_

Lot #: \_\_\_\_\_ Time Injected: \_\_\_\_\_ Injection site: \_\_\_\_\_

Name of person administering contrast media: \_\_\_\_\_

Name of assigned reading Radiologist: **DR. LEE DR. V DR. Q**

Patient refused contrast: \_\_\_\_\_

SIGNATURE TECHNOLOGIST \_\_\_\_\_ DATE: \_\_\_\_\_