MRI Patient Checklist & Consent

Patient:

DOB: MRN: HT: WT:

Tech: Indications:

The following may be hazardous or may interfere with the examination by producing an artifact

Please remove all jewelry (except wedding band), bobby pins, watches, cell phone, credit cards, hearing aids.

☐ YES ☐ NO Heart Pacemaker or Defibrillator

☐ YES ☐ NO *Aneurysm Clips/Brain Surg – Date:_____

☐ YES ☐ NO Heart Valve Replacement – Date:_____

☐ YES ☐ NO Ear Implant – Cochlear

☐ YES ☐ NO On Dialysis

☐ YES ☐ NO Implanted Insulin or Drug Dispensing Pump

☐ YES ☐ NO *Intraventricular Shunt (Bypass)

☐ YES ☐ NO Nerve or Muscle Stimulator

☐ YES ☐ NO Any Type of Internal or External Electrodes or Wires

☐ YES ☐ NO *Vascular Access Port

☐ YES ☐ NO Patch-Type Drug Dispensing

☐ YES ☐ NO Hearing Aid

☐ YES ☐ NO Dentures

☐ YES ☐ NO *Tattoos (including eyeliner)

☐ YES ☐ NO *Body Piercing

☐ YES ☐ NO *Tissue Expander

☐ YES ☐ NO Are you pregnant?

☐ YES ☐ NO Are you currently breastfeeding?

☐ YES ☐ NO Do you work with metal? If yes, needs Orbit X-ray.

☐ YES ☐ NO Any Implanted Mechanical Items (pins, rods, screws, etc.): _____

☐ YES ☐ NO Any Clip, Coil, Filter, or Stent in Your Blood Vessels: Date: _____ Type:_____

☐ YES ☐ NO *Any Other Type of Surgical Clips or Staples: _____

☐ YES ☐ NO Any Other Type of Electronic or Magnetic Implant: _____

**If you experience a heat sensation or tugging, please notify the technologist*

Have you taken any kind of sedative to get you through this procedure? ☐ ***YES*** ☐ ***NO*** ***If so, please notify the technologist / nurse if you do not have a ride home, or you are unable to drive home safely, and we will arrange for transportation.***

Patient Signature: _____ Visitor Signature: _____

CONSENT TO THE USE OF GADOLINIUM

INTRODUCTION: As part of your examination, your physician has deemed it advisable to give you an I.V. injection of contrast agent containing GADOLINIUM. This injection may help the physician more accurately diagnose your condition.

POSSIBLE REACTIONS: All medical procedures carry an element of risk and this procedure is no exception. It is our intention to describe these risks and then request your signature indicating your understanding of this information.

Although Gadolinium contrast agents have been used safely in millions of cases, minor reactions (principally headache or nausea) occur in about 2% of patients, whereas serious or life threatening reactions have been reported in about 1 in 400,000 patients.

Please drink 16 ounces of water over a 2 hour period after the contrast injection.

I understand this information ☐ **YES** ☐ **NO**

Signature of Patient or Guardian: _____ **Date:** _____

Patient information reviewed by: _____ Date: _____

Injected by: _____ Date: _____

☐ Wanded, changed, and cleared