



MRI SCREENING AND CONSENT

Patient Name: _____ DOB _____

Type of MRI Scan: _____

Current Medical Complaint: _____

Previous Surgeries: _____

Prior Imaging Studies: _____

Answering the following questions will assist us in determining if it is safe for you to have an MRI.

Do you have a pacemaker, wires, defibrillator, or implanted heart valves? Yes No

Have you had a recent (4 weeks) CABG (heart bypass) surgery? Yes No

Have you ever had any head surgery requiring aneurysm clips? Yes No

Have you ever been exposed to metal fragments that could be in your eyes/body? Yes No

Do you have a hearing aid, middle/inner ear prosthesis, or dentures? Yes No

Do you have any metal in your body? Do you have a prosthesis? Yes No

Do you have any type of electronic device (i.e. stimulator or pump) in your body? Yes No

Do you have any tattoos, body piercing(s), or magnetic eye lashes? Yes No

Do you wear a transdermal patch? Yes No

Do you have a history of panic attacks or a fear of enclosed or narrow places? Yes No

Have you been prescribed a sedative by your referring physician for this procedure? Yes No

**If yes, you understand that you should not drive after taking the sedative? Yes No NA

If you are a woman – are you pregnant or is it possible that you might be pregnant? Yes No NA

If you are a woman – are you breastfeeding? Yes No NA

List any food and/or drug allergies: _____

CONTRAST – GADOLINIUM

You were provided the Dotarem Medication Guide to read, ask any questions you might have, and sign. Dotarem has been used safely in millions of patients but reactions such as headaches, nausea, and vomiting occasionally occur. Extremely rare serious reactions include respiratory distress or even death. If you are nursing, you may want to refrain from breastfeeding and discard all breast milk for 48 hours after the injection of gadolinium.

History of IV contrast media? Yes No Allergic to contrast: Yes No

History of Hypertension: Yes No History of diabetes: Yes No

History of kidney or hepatic disease, organ transplant, or pending organ transplant: Yes No

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form. I feel that I have adequate knowledge and sufficient time upon which to base my consent to the procedure and/or the use of gadolinium.

Signature of patient/guardian: _____ Date: _____

Technologist: _____ Date: _____

Contrast Type		Correct Patient	
Contrast Dose		Correct Patient Position	
Lot		Correct Site	
Expiry			
Tech Signature		Radiologist	