



MRI Contrast Consent Form

Local 3 Edificio C
Puerto Deportivo
Sotogrande
Tel: 600 44 33 00

Patient name:

Dob:

I, _____ (patient's name), do hereby authorize injection of IV contrast (Gadolinium) for an MRI procedure.

I consent to the performance of this procedure or procedures in addition to, or different from those now contemplated, whether or not arising from presently unforeseen conditions, which may be considered necessary or advisable in the course of the MRI examination.

I consent to the administration of such contrast material (Gadolinium) and/or other medications that may be considered necessary or advisable for the performance of this MRI procedure.

The nature and purpose of this examination has been fully explained to me. There may be a need to use contrast material. Use of this contrast material increases the information detected by the examination. There are a small number of cases with allergic reaction to the Gadolinium. I am aware that I may experience some flushing and/or some hives. The possibility of serious reaction exists, but this is extremely rare. In cases of severe renal insufficiency, Gadolinium may cause nephrogenic systemic fibrosis (NSF). NSF is a rare skin condition that is brought on by poor kidney function. I am aware that I have been screened for factors potentially causing NSF.

No guarantee or assurance has been given by anyone as to the results that may be obtained.

I certify that I have read and fully understand the above consent for injection of IV contrast, that the explanations therein referred to were made, and that all blanks or statements requiring insertion or completion were filled in before I affixed my signature.

Patient (or person authorized to consent for patient)

Signature: _____ Date: _____