



Patient Name _____ D.O.B. _____ Date _____ Time _____

MRI

Gadolinium Intravenous Contrast For MRI Information Sheet

Your imaging procedure today involves the administration of an intravenous contrast agent that contains Gadolinium. The purpose of this dye is to provide the Radiologist with a more detailed picture and will help in interpreting your examination. Intravenous Gadolinium is administered by injection through a small needle placed in you vein.

This material has been in use for many years and is **generally considered safe**. As with any medication or pharmaceutical, a very small number of patients may experience side effects related to it's administration, such as nausea, headache, or coldness at the injection site. Life-threatening allergic reactions, are extremely rare and occur with a much lower frequency than is observed after administration of other intravenous contrast materials.

Have you ever had an MRI with an injection of contrast? Yes ___ No ___

If so, have you had any of the following?
 Hives: Yes ___ No ___
 Shortness of breath/wheezing Yes ___ No ___

List all allergies: _____

History of Diabetes or renal disease? Yes ___ No ___

Sickle Cell disease? Yes ___ No ___

For Females Only:
 Any possibility of being pregnant? Yes ___ No ___

Date of LMP: _____

For staff only:

Lot # _____ Exp. Date _____ mL _____

GFR _____ Date _____ RN _____

Patient weight _____

TIME OUT PROCEDURE

Time _____

Patient ID Confirmed:
First/Last name: Yes ___ No ___
Date of Birth: Yes ___ No ___
Verification of Examination Yes ___ No ___
Contrast type/dose verification: Yes ___ No ___

Technologist _____ Date _____

Witness _____ Date _____

If you have any questions, please inform a staff member who will have a physician speak with you

I understand that as part of my examination, I will be receiving an intravenous injection of contrast containing gadolinium.

 Patient/Agent/Relative/Guardian Signature Date

 Print Name Relationship, if other than patient

 Interpreter, if required (Signature) Date

 Print Name

Reviewed by: _____
 Signature Print Name Date