

There is a possibility you will be given an injection which contains Gadopentate Dimeglumine, which enhance visualization of the areas of interest. There are potential complications, which are quite rare. The most common problems are only transient and mild to moderate. Nausea may occur occasionally as well as coldness at site of injection. Pain, vomiting or low blood pressure, seizures, gastrointestinal distress, etc. would be extremely rare. The valuable information obtained from the scan out weighs the potential risk from contrast injection. You should inform your technologist if you suffer from kidney or liver disease, receive Dialysis, have anemia or a disease affecting your red blood cells, and if you are pregnant. I so hereby consent to the intravenous injection of Gadopentate Dimeglumine and to use of other medications which may be judged necessary medical or surgical actions.

(La administracion Intravenosa de Gadopentate Dimeglumine, puede causar complicaciones como resultado de esta inyeccion, tales como: Dolores de cabeza, nausea, sensacion fria en el lugar de la inyecciones o complicaciones mas serias como presion arterial baja, Epilepsia, e incomodidad estomacal, etc. Las mismas se han visto en muy pocos casos. Le debe informar al tecnico si padece de enfermedad cronica de rinones, si esta recibiendo dialysis, enfermedad cronica del higado, anemia, alguna enfermedad afectando sus celulas rojas o si esta embarazada.)

Please circle yes or no. (Porfavor circule si o no, Y es si, N es no)

- 1- **Have you ever had a previous allergic reaction to any medication? (Tiene alergia alguna medicina?).....** Y / N
- 2- **Have you ever had a previous allergic reaction to Gadolinium? (Alguna alergia al Gadopentate?.....** Y / N
- 3- **Do you have a history of Sickle Cell Disease? (Padece usted de Siklemia?).....** Y / N
- 4- **Do you have a history of Kidney Disease? (Padece de enfermedad cronica de Rinones?).....** Y / N
- 5- **Are you receiving Dialysis? (esta recibiendo Dialysis?).....** Y / N
- 6- **Do you have a history of Liver Disease? (Padece de enfermedad cronica del Higado?).....** Y / N
- 7- **Are you or could you be pregnant? (Es posible que este embarazada?).....**Y / N
- 8- **How much do you weight? (Cuanto usted pesa?) _____ pounds/libras**

I acknowledge that I have read and understood each of the above provisions appearing on this page. I have also had the opportunity to ask any questions, and by my signature, I consent and agree to such provisions individually and collectively. A copy may be used in lieu of this original.

(Yo reconozco que he leído y entiendo toda la informacion que aparece en esta pagina, tambien he tenido la oportunidad de hacer cualquier pregunta y con mi firma estoy de acuerdo con esta informacion. Una copia puede ser usada como original.)

Date/Fecha: ____/____/____

SS #: _____

Patient Name/ Nombre del Paciente: _____
 (Print name) (Nombre en letra legible)

Guardian: _____

Signature/Firma: _____

Consent to MRI for pregnant patients

Present data have not conclusively documented any dangerous effects of MRI imaging exposure on the developing fetus. Therefore no special consideration is recommended for scanning pregnant patients. Nevertheless it is prudent to screen and obtain consent of females who are or may be pregnant.

I _____, consent to the MR imaging.

Witness: _____

Date: _____