



Consent Form for Use of Contrast Material

Your doctor has referred you to us for a study that involves the intravenous injection of a medication that acts as contrast material. This medication is a clear liquid that circulates through your body and helps show normal and abnormal structures in the body. The medication used in MRI does not have any iodine in it, whereas the medication used in CT does. This form is meant to inform you of some of the possible risks involved in the utilization of this medication.

In the past few years that this medication has been in use, there have been few serious reactions to the material.

Potential risks are:

- Mild: pain, bleeding, bruising, swelling or infection at the injection site, one or a few hives, coughing or sneezing
- Moderate: shortness of breath, difficulty swallowing, hives especially on face
- Severe: kidney damage and/or failure, nephrogenic systemic fibrosis (only with MRI contrast), death

We are aware of the risk involved in these procedures and try to take every precaution to obtain satisfactory examinations with maximum safety to the patient.

Do you have allergies to anything? Yes No

If so, please list: _____

Do you have diabetes? Yes No

If so, please list your diabetic medications: _____

Do you have high blood pressure? Yes No

Do you have any kidney disease? Yes No

Do you only have 1 kidney? Yes No

Please list your medications below or provide us with a copy of them.

Patient's Name

Patient Signature

Today's Date

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