Lake Cumberland Neurosurgical Clinic MRI Consent Form

Patient Name:_____ **Birthdate:**_____ **Weight:**____ **Sex: Male**___ **Female**____

The following are **ABSOLUTE CONTRAINDICATIONS** for MR Imaging. Please circle Yes or No

Cardiac Pacemaker Yes No **Cochlear (Ear) Inplants YES NO** **Neurostimulator YES NO**

1. Have you had brain surgery? **Yes No**
Date and type of surgery_____

2. Have you had heart surgery? **Yes No**
Date and type of surgery_____

3. Have you had any other surgery? **Yes No**
Date and type of surgery_____

4. Have you had any previous MR or CT Studies?
Date, type of study and facility_____

5. Have you ever had a piece of metal in your eyes?
Yes No
Did you have the metal removed? **Yes No**

6. Do you have allergies? **Yes No**
Do you have a history of kidney disease, diabetes, or Sickle cell anemia? **Yes No**

The following items may be hazardous or interfere with the MRI scan

Mark YES or NO

YES	NO		YES	No
___	___	Pacemaker	___	___ Joint Replacement
___	___	Implanted Defibrillator	___	___ Stents
___	___	Aneurysm Clip	___	___ Harrington Rods
___	___	Metal Heart Valve	___	___ Port-a-Cath
___	___	Bone/Joint Pin,Screws,Rod,etc.	___	___ Surgical Staples
___	___	Filters or Coils	___	___ Body Piercing Jewelry
___	___	Insulin Pump or Infusion Pump	___	___ Claustrophobia
___	___	Implanted Drug infusion device	___	___ Other Metallic Implant
___	___	IUD,Diaphragm, or Pessary		
___	___	Swan-Ganz or Thermodilution Catheter		
___	___	Medication Patch		
___	___	Wire Mesh		
___	___	Tattoo or Permanent Makeup		
__	___	Are you Pregnant		

Describe your symptoms and how long they have been present_____

I attest that the information on this form is correct to the best of my knowledge. I have read & understand the entire contents of this form and have had the opportunity to ask any questions regarding the information on this form. I hereby release LCNC of all responsibility for any injuries obtained from entering the magnet room due to not informing the technologist of my condition.

Patient/Guardian Signature_____ **Date:**_____

Technologist Signature_____ **Date:**_____

MRI Contrast Administration Consent

The physician or MRI Technologist has explained to me that the MRI Scan to be performed may be enhanced by the administration of the contrast agent known as Gadopentate Dimeglumine (Gadolinium). It has been explained that:

A. The procedure will generally consist of the insertion of a small needle in a vein in the hand or arm either prior to the start of the scan or sometime during the course of the examination. The IV site will then be used to administer an injection of 10 to 20 cc's of Gadolinium. The scan will then be completed followed by the removal of the needle.

B. The risks and possible side effects involved are: Headaches (5%), Nausea (4%), Hypotension (.5%), Transient (24 Hours) rises in serum iron (22%), and Bilirubin (3%) and injection site pain (2%).

I consent to the administration of the Gadolinium injection with my MRI Scan. The risks and benefits of the procedure have been fully explained to me.

Patient/Guardian Signature:_____ Date:_____

Technologist Signature:_____ Date:_____

If required patient's lab results: Date: _____ BUN: _____ Creatinine: _____ GFR:_____

Contrast Dose: _____ Injection Site _____ Any Complications? Yes No