

MRI Consent Form

Read the following carefully

The purpose of this study is to obtain cross-sectional images of your body using the technique called Magnetic Resonance Imaging in order to help diagnose your condition.

We presently know of no serious or significant risks or adverse effects from the magnetic fields or the radio signals used in this study, however, ultimate long range effects are unknown.

As extremely small number of patients suffer from claustrophobia (fear of closed spaces) and may feel "closed in" by the shape of the apparatus, even though it is very open. You will also experience some noise during the procedure. The magnet is open all the way around and there is an intercom, which will allow us to remain in voice contact with each other. If you begin to feel ill, or anxious, please let us know so we can help make you more comfortable during the procedure.

If you wear a **cardiac pacemaker**, or other **electromechanical device**, are **pregnant** or if you have at any time had brain surgery and have **aneurysm clips** left in place, **please let us know immediately**. These instances pose special problems and you may be unable to have this examination. Questions will be asked repeatedly regarding your past history or current conditions.

You are free to discuss concerns regarding your participation in the MRI procedure with the Radiologists, or the MRI Technologists at The Bellevue Hospital.

During the course of this study, the use of an intravenous contrast material may be necessary. Caution should be exercised in patients with **renal insufficiency/failure** with or without hepatic impairment. There is a slight possibility of a mild reaction (headache or nausea) to this material.

I have had sufficient opportunity to discuss this test with my doctor and all of my questions have been answered to my satisfaction. I believe that I have knowledge upon which to base an informed consent to the proposed test.

I have read the above information and agree to have this examination, or as a parent or guardian, agree to this examination on the individual for whom I am responsible.

SIGNATURE

DATE

PARENT OR GUARDIAN

DATE

WITNESSED BY

DATE