



Welcome to our Imaging Center

Informed Consent for CT/MRI with IV Contrast Injection

Patient Name: _____ Date of Birth: _____

To the Patient: You have the right to be informed about your condition and the recommended diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you. It is so that you may choose to give or withhold your consent to the procedure.

If you are pregnant or think you may be pregnant, or you are breastfeeding, please inform the personnel at once.

Computerized Tomography (CT)

Your physician has requested that we perform a Computerized Tomography examination to obtain additional information. A CT examination is an imaging method that involves the use of X-ray radiation and computers to produce medically useful images of the body part of concern.

Magnetic Resonance Imaging (MRI)

Your physician has requested that we perform a Magnetic Resonance Imaging examination to obtain additional information. A MRI examination is an imaging method that uses magnetism, radio waves, and computers to produce medically useful images of the body part of concern.

To properly study the area of concern during your CT or MRI examination, sometimes we may need to introduce an IV contrast agent into the body. Contrast agents enhance the visibility of certain tissues in the body and further assist in making a correct diagnosis. All the contrast agents used in our facility have been approved by the Food and Drug Administration and are considered safe.

Potential Risks: Anytime an injection is given, there is potential for pain, bleeding, bruising, swelling, or infection at the injection site. Additional allergic reactions in response to the contrast agents may include hives, shortness of breath, or difficulty swallowing. There have been rare instances of kidney failure, kidney damage, or death after the administration of the contrast agent. **It is very important that you inform the technologist if you experience any or have previously had a reaction to contrast agent.** **Note to Patients:** *An alternative to the procedures listed above may be an ultrasound, X-ray, nuclear medicine examination, or no treatment. Your physician has requested that you have a MRI or CT to aid in your medical diagnosis. It is anticipated that you will benefit from this procedure, as this diagnostic test may offer information not available from other techniques. Round Rock Imaging uses state of the art scanners to obtain rapid high quality images to insure an accurate examination.*

I have read, understand, and hereby consent to the MRI/CT (circle one) examination and the above conditions.

Patient or Parent/Guardian Signature: _____ Date: _____