



MRI INFORMED CONSENT FORM (ENGLISH)

Fax this form and any screening/consent forms to 441-232-0042 or scan and email to: imaging@hmc.bm

Imaging Reception Phone: 441-495-3666 - www.hmc.bm - Physical Address: 10/12 Burnaby Street, City of Hamilton HM11 Bermuda

PATIENT RIGHTS:

You have the right as a patient to be informed of the risks and hazards of the diagnostic procedures to be performed. This is simply an effort to make you better informed, not alarm you, so that you may give or withhold your consent for the procedure. Please make sure you have read and understand the entire form.

YOUR PHYSICIAN HAS ORDERED AN MRI SCAN THAT MAY REQUIRE USE OF INTRAVENOUS CONTRAST.

This contrast (Gadolinium) is routinely administered to improve the visualization of abnormalities in certain clinical circumstances. It has been proven to be very safe. In rare instances, headache, nausea, hives or itching may occur after the injection a serious reaction such as life-threatening anaphylaxis is reported in less than 1 in 150,000 injections. The risks are small when compared to the benefits of the procedure. As with all medical procedures there are risks associated with the administration of any substance including x-ray contrast.

People whose kidneys are poorly functioning are at risk for Nephrogenic Systemic Fibrosis (NSF). This is a rare disorder resulting in scarring or thickening of the skin or tissues throughout the body, which can be severely disabling and may result in death. This is extremely rare with less than 500 cases worldwide.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE INFORMATION AND GIVE CONSENT TO HAVE INJECTION OF CONTRAST AGENT.

PATIENT OR PERSON AUTHORIZED TO CONSENT (PRINT)

SIGNATURE OF PATIENT

DATE

EMERGENCY CONTACT