



## IMPORTANT INSTRUCTIONS

**Before entering the MRI environment or MR imaging room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eye glasses, hair pins, barrettes, jewelry, body piercing, watch, safety pins, money clips, credit cards, bank cards, all cards with a magnetic strip, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, clothing with metallic threads.**

**Please consult the MRI Technologist if you have any questions or concerns BEFORE you enter the MRI scan room.**

**I, the undersigned**, being either the patient named above or legally authorized representative of the patient named above, do hereby consent to the performance of medical diagnostic and imaging procedures at Pueblo Imaging Center on the terms and conditions more fully set out below. I understand that I have the right to be informed about the diagnostic imaging procedure being done so that I may make the decision whether or not to undergo the procedure.

**Consent to Imaging Procedure:** Your attending physician believes it is beneficial for you to undergo a diagnostic imaging procedure known as magnetic resonance imaging (MRI) to obtain additional information that may aid in diagnosing and treating your medical condition. MRI does not use x-rays or radiation. Instead a magnetic field and radio waves are used to create an image of internal body structures.

**Potential Risks:** Anytime an injection is given there is potential for bruising or swelling at the injection site. Occasionally, minor allergic reactions occur in the form of itching, sneezing, hives, swelling of the eyes, wheezing or nausea. These symptoms may require treatment. Rarely, a more serious reaction will occur. A radiologist will evaluate the situation and determine if additional medical treatment is necessary. Even though it is rare, medical statistics indicated that a fatality may occur from the injection of any contrast. If you have had a contrast reaction, have sickle cell anemia, a kidney disorder, are pregnant or nursing, you **MUST** inform the technologist.

**By my signature below**, I hereby certify that I have fully read this consent, had it explained to me or have had it read to me. I understand its contents and have sufficient information to give this informed consent.

\_\_\_\_\_  
Patient/Parent/Legal Guardian Signature      Date \_\_\_\_\_      Time \_\_\_\_\_

\_\_\_\_\_  
Witness Signature      Date \_\_\_\_\_      Time \_\_\_\_\_