PROGRESSIVE DIAGNOSTIC IMAGING

MRI Time-Out Safety Checklist/ Consent for Gadolinium

How did you hear about us? _____

Patient Name: _____ Date: _____ DOB: _____

Reason for MRI and or Symptoms NF / WC _____ DOA_____

Exam _____ Referring Doctor_____

Aneurysm Clips	**Yes**	**No**	**Cardiac Pacemaker**	**Yes**	**No**
Neuro/Bone Stimulator	**Yes**	**No**	**Any Organ Transplant**	**Yes**	**No**
Any Organ Transplant	**Yes**	**No**	**Claustrophobic**	**Yes**	**No**
Defibrillator (ICD)	**Yes**	**No**	**Patient Weight _____ lbs.**		
Stents, Filters or Coils	**Yes**	**No**	**Patient Height _____**		
Bullets/Pellets/Shrapnel	**Yes**	**No**	**Cochlear Implants**	**Yes**	**No**

Injury to the eye involving a metallic object or fragment? (e.g. metallic shavings) Yes No

*If patient answers **YES** to ANY of the **BOLD,** a **technologist must review prior to the appointment**.*

Shunt / Tissue Expander	Yes	No	
Heart Valve Prosthesis	Yes	No	
Eye/Ear Implant	Yes	No	
Drug Infusion Pump	Yes	No	
Hearing Aids	Yes	No	
Penile Implant	Yes	No	
Internal electrodes/wires	Yes	No	
Body Piercing Jewelry	Yes	No	
Any Type of Prosthesis	Yes	No	
Medication Patches	Yes	No	
False Teeth/ Retainer	Yes	No	
Recent Endoscopy	Yes	No	
Joint Replacement (hip, knee, etc.)	Yes	No	
Any prior surgery on part being scanned?	Yes	No	
Bone/Joint pin, screw, nail, plate	Yes	No	If yes, Date _____
Permanent Tattoo/Eye Make-up	Yes	No	
Any Recent Major Surgery	Yes	No	

X _____ Date _____

Signature of Patient, Parent/Guardian Signature & Credentials of Reviewing Professional

PROGRESSIVE DIAGNOSTIC IMAGING

Consent for Gadolinium

Kidney Disease/Problems/Diabetic	Yes	No	
Dialysis	Yes	No	
patient over 60 years	Yes	No	
Liver Disease/Transplant	Yes	No	
Pregnant/Breast Feeding	Yes	No	
Any Allergies?	Yes	No	If Yes, what _____

As part of your examination, the radiologist may deem it advisable to give you an I.V. injection of a contrast agent containing GADOLINIUM. This injection may help the physician more accurately diagnose your condition. Although gadolinium contrast agents have been used safely in millions of cases, minor reactions (principally headache or nausea) occur in about 2% of patients, whereas serious or life-threatening reactions have been reported in about 1 in 400,000 patients. If you have any kidney problems, Gadolinium may cause NSF (Nephrogenic Systemic Fibrosis).

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MRI procedure that I am about to undergo.

X _____ Date _____

Signature of Patient, Parent/Guardian Signature & Credentials of Reviewing Professional