



Patient Name: _____ _____
DOB: _____

MRI PRE-CONTRAST SCREENING FOR IV CONTRAST

Your physician or radiologist may deem it necessary for you to have an IV injection of a contrast agent containing gadolinium to improve the quality of your MR examination.

Although gadolinium contrast agents have been used safely in millions of patients, minor reactions (principally headache or nausea), and serious or life threatening reactions may occur.

Have you ever had an injection of contrast before? Yes No

Have you ever had a previous reaction to contrast? Yes No

If yes, please explain: _____

Do you have a history of Diabetes? Yes No

Do you have a history of High Blood Pressure? Yes No

Are you receiving treatment for Gout? Yes No

Do you have a history of Dialysis/Kidney Failure/Renal Insufficiency? Yes No

Do you have a history of breast cancer with lymph nodes removed? Yes No

I have read and understand the above information, and have had my questions answered. I agree to have the MRI procedure with injection of contrast if deemed necessary.

 Signature of Patient (Patient or Guardian if patient is a minor or incapacitated) Date Time

GFR _____ (Document any contrast protocol modification on Part B)
 Creatinine _____ Ref. Range _____ - _____ Date _____

Contrast Name _____ Contrast Amount _____ mL
 Lot # _____ Contrast Expiration Date _____
 Injection Site _____ Flow Rate _____
 IV Device Used _____ Time of Injection _____ Tech Initials _____

Attending Physician:



Patient Name: _____ _____
DOB: _____

MRI POST INJECTION INSTRUCTIONS

Thank you for choosing this facility for your exam. We are focused on giving you excellent care in a safe and friendly environment. During your exam, you were cared for by _____.

Today, you had a Magnetic Resonance Imaging procedure.

You received an IV injection of a contrast material containing Gadolinium. This material rarely caused allergic reactions, however, in the event you experience any tightness in your throat, chest pain or tightness, shortness of breath, extreme dizziness, itchiness, hives or other unexplainable symptoms, please call your physician, call 911, or go to the nearest Emergency Room. If you experience a problem in the area of the injection after 24 hours, such as redness, swelling or soreness, please contact your physician.

- Drink at least thirty-two (32) ounces of water over the next 24 hours. If you are on fluid restrictions, contact your doctor for instructions to help clear this contrast from your body.
- Breastfeeding- According to the American College of Radiology (ACR), it is safe to continue breastfeeding after receiving Gadolinium. However, the product manufacturer of breasts and discard this breast milk for ___ hours following your exam. If you have any questions regarding breast feeding, please contact your physician.
- You may resume normal activities or activity limitation as prescribed by your physician. This includes the taking of prescribed medication, eating and drinking.

Print Patient Name: _____

Date of Birth: _____ Date of Exam: _____

Contrast Name: _____ Injection Amount: _____ mL

Facility Name: _____