ALLIANCE HEALTHCARE | RADIOLOGY

Last Name _____

First Name _____

Date of Birth _____

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: _____

Are you currently breastfeeding? ☐ Yes ☐ No
Do you have a history of Diabetes? ☐ Yes ☐ No
Do you have Asthma? ☐ 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 breast cancer with lymph nodes removed? ☐ Yes ☐ No
Do you have a history of arterio-venous (AV) fistula? ☐ Yes ☐ No
Do you have a history of Dialysis/Kidney Failure/Renal Insufficiency? ☐ Yes ☐ No
(Tech- If GFR is 30 or less, also utilize Attachment A047- Consent for Gadolinium in Patients with End Stage Renal Disease)

The technologist has explained the procedure to me, I have received and read the medication guide for the gadolinium based contrast agent that may be used as part of my MRI examination and I have had my questions answered.
I agree to have the MRI procedure with injection of contrast if deemed necessary.

_____ _____ _____

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

Signature of Technologist _____

GFR _____ (Document any contrast protocol modification on Part B)
Creatinine _____ Reference Range_____-_____ Date_____

Contrast Name _____ Amount _____mL Lot # _____
Contrast Expiration Date _____ Contrast NDC # _____
Injection Site _____ Flow Rate _____
Multi-dose vial ☐ or Single-dose vial ☐ ? If single dose vial, amount of discarded contrast _____ mL
IV Device Used _____ Time of Injection_____ Tech Initials _____