



CONSENT FOR CONTRAST MEDIA AND/OR MEDICATION

Your Physician has referred you to our facility for an MRI or a CT scan. In certain cases, Intravenous contrast is given to enhance the images and provide more information. In very rare instances, sedation may be needed.

If you will be receiving **sedation**, you are responsible for providing someone to drive you home. You should avoid activities that require alertness and coordination (i.e. driving, operating machinery, signing important documents). You should also avoid consuming alcohol or other depressants.

Today you will be given:

Contrast / Sedation _____

This contrast/medication has been approved by the Food and Drug Administration as being safe and effective.

As with all medications, occasional side effects and complications are possible. You may experience headaches, dizziness, nausea or vomiting.

Your physician is aware of the remote possibility of a complication and feels that the diagnostic information obtained outweighs the minimal risk of the procedure. The RN and/or technologist performing your examination will discuss the procedure with you beforehand and answer any of your questions.

Please let us know if you could be pregnant, are breast feeding, have liver or kidney failure, allergies, hemolytic anemia or any disease that affects blood cells.



I have read and understand the above statement and I give my consent to have the medication/intravenous contrast media administered. I understand that in spite of every skill and prudent effort made, complications may still occur.

Signature of Patient/Guardian

Date