



ILLINOIS BONE AND JOINT INSTITUTE, LLC

**Consent for MRI**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ MR \_\_\_\_\_

I consent to and authorize the performance of a Magnetic Resonance Imaging (MRI) test upon (myself or patient’s name) \_\_\_\_\_.

Description of procedure: MRI is a test that uses a magnetic field and radio waves to create images of the internal body structures. The MRI provides pictures that will assist your physician in diagnosing and treating your medical condition. No x-rays or radiation are used during this procedure. **Check one:**

- The MRI ordered does NOT include the use of a contrast injection.
- The MRI ordered DOES include contrast (Gadopentetate Dimuglumine).

*Since there may be potential risks to an unborn fetus from any imaging study, inform the technologist if there is ANY chance you may be pregnant. You may want to postpone the procedure until it is confirmed that you are not pregnant.*

**Nature and risks of test:** I understand the nature of my condition, the nature and purpose of the procedure, possible alternative methods of testing, risks involved, the possibility of complications, and the risks of not undergoing the procedure which have been explained to me. I have had an opportunity to discuss this procedure with the physician and technologist and have received answers to all my questions and do hereby assume all risks involved.

I acknowledge that certain risks and complications can occur regardless of the skill, care and experience of the technologist(s). In most cases, these complications are minor if they occur. *If a contrast injection is given, risks include bruising, swelling, and/or infection at the injection site; minor allergic reactions such as itching, sneezing, hives, swelling of the eyes, wheezing; nausea or other unexpected drug reactions with minor or severe consequence. Although it is rare, medical literature indicates that death can occur from the contrast material.*

**If you are or may be pregnant, have any history of sickle cell anemia, kidney disorder, or liver disease, inform the technologist.** I acknowledge that my physician has explained the purpose(s) of this test and alternatives that are available.

I affirm that I do **not** have a cardiac/heart pacemaker, brain aneurysm clips, any implanted metallic or electrical device, or any internal metal foreign object(s).

**If you have taken a sedative prior to your exam, you must have another driver available to drive you home after the procedure. If this is not possible, we will call a taxi for you. You will need to stay in the office until an appropriate means of transportation has been arranged.**

**PERSONAL BELONGINGS:** I assume full responsibility for all items of personal property that I have brought to Illinois Bone and Joint Institute (IBJI) and release IBJI of all liability in the event of loss or damage to such property.

I have read this form and have had the opportunity to discuss its contents.

**Signature:** \_\_\_\_\_  
Patient or Legal Representative

Date: \_\_\_\_\_

**Legal Representative (print):** \_\_\_\_\_

**Relationship:** \_\_\_\_\_