

PREMIER MRI 4U

PATIENT INFORMED CONSENT

PATIENT NAME: _____

DATE OF SCAN: _____

Your physician has requested that you have a **Magnetic Resonance Imaging (MRI)** procedure in order to better diagnose your medical condition. MRI is a diagnostic imaging procedure that uses electromagnetic fields to take cross sectional pictures of your body. The MRI scanner is basically a large cylindrical magnet. For your imaging study, you will be positioned lying down on a patient table which will automatically move into the center of the scanner. Each exam ordered by your physician will take approximately 30-60 minutes.

MRI uses an electromagnetic field. If you have a

- **pacemaker**, neuro-stimulator, or brain aneurysm clips, you cannot undergo this examination
- **a metallic implant** of any kind, possibly from a previous surgery, please inform the technologist, as you may not be a candidate for an MRI.
- It is further recommended that **women with a known or expected pregnancy** not undergo the MRI procedure (unless otherwise approved).

Please inform the technologist if you fit into these groups.

Should you elect not to undergo this examination, your physician will recommend an alternative diagnostic procedure suited for your medical condition. Your participation and questions prior and during the examination are encouraged.

I have read the above, and hereby give permission to Premier MRI 4U to obtain any previous reports and/or films from prior studies or previous operations related to the area of the body which is being scanned today. I further authorize Premier MRI 4U to release the results of all of my tests to my referring physician and insurance carrier via films, hardcopy medical reports and/or facsimile.

I have read and understand the above statements, and the warnings above and

Consent to the examination and further consent to the administration of IV contrast if medically necessary or as prescribed by my referring physician.

I do not consent to the administration of IV contrast and realize that the outcome of my MRI study today may be compromised (lessened).

Signature by (CHECK ONE): Patient Spouse Parent Legal Guardian Other
If "Other", Specify Relationship) _____

SIGNATURE: _____

DATE: _____

PRINT PATIENT NAME: _____