



Open Alpharetta Imaging Center
(770) 619-9919

MRI CONSENT FORM

Patient Name: _____ **Social Security #:** _____ **Date:** _____

INTRODUCTION

Unlike CAT scanning (CT) and some other methods of viewing the body, Magnetic Resonance Imaging (MRI) does not use x-rays but rather uses magnetism and radiowaves. As far as we know, M.R.I. is safe. Over one million patients have already been imaged worldwide without apparent difficulty.

PROCEDURE

- You will be interviewed to be certain that you do not have a pacemaker or other implanted electronic device. If you have had brain surgery we must obtain (or you must provide) an x-ray of your head to be certain metallic aneurysm clips were not used.
- If there is any chance of pregnancy, please inform the technologist prior to the exam. Is there any possibility of pregnancy? _____ Please initial _____
- You will be asked to remove your clothes, watch, jewelry (rings excepted), and to change into a hospital gown. A small locker will be provided for your valuables.
- You will enter a copper-lined room and lie on a table that will slide you into the magnet. This is the M.R.I. magnet. Although you will hear repetitive machine-like noise, you will feel nothing abnormal. Ear plugs will be provided. You will be asked to lie still approximately thirty minutes to an hour.
- You will be asked to allow us to access your medical records and other diagnostic examinations for purposes of comparison.
- In certain cases a magnetic contrast agent may be indicated. If this is necessary you will be informed in advance.

RISKS

Extensive evaluation has shown no hazardous effects from M.R.I. Because this is still a relatively new technology, however, long-term effects are unknown. Steps have been taken to exclude metallic objects from the M.R.I. site.

Your doctor has asked that you have an exam that involves Magnetic Resonance Imaging of the body. This method of examination has the possibility of better defining certain tissues within the body and may improve the diagnostic capability with little known risks to you.

If magnetic contrast is injected, the risks of an allergic reaction (i.e., hives, itching, low blood pressure, headaches, and nausea) are present. Although very rare, a few fatalities have been reported in medical literature. We will take all steps necessary to handle any reaction that might occur, however, there can be no guarantee regarding the success or results of such treatment.

By signing below, I attest that I have read and understand all of the above and I agree to being imaged by North Atlanta Scan Associates, Inc. I have reviewed all of my answers for accuracy and have had the opportunity to ask any questions regarding the information on this form and the examination that I am to undergo.

Signature of Person Completing Form: _____ Date: _____

Form Completed By: Patient Relative Nurse _____ (Name) _____
(Relationship)

Form Information Reviewed By: _____ (Print Name) _____ (Signature)

Radiologic Technologist Radiologist Office Staff Other