

MRI CONTRAST SCREENING FORM

Patient: _____ Date: _____ Exam Type: _____

Your physician has requested performance of an MRI examination that requires the use of an intravenous contrast (dye) administration. While contrast administration is generally safe, all medications are associated with adverse reactions and some persons are at higher risk for such reactions. The following questions are designed to identify patients who may be at higher risk for such reactions. Please answer the following questions carefully to help us identify if you may be a patient at higher risk for such reactions.

	N	Y	Specify
1. Have you had a previous reaction to MRI IV contrast?	___	___	_____
2. Do you have renal disease or renal failure:	___	___	_____
3. Are you aware of any reason that you should not receive IV contrast?	___	___	_____

Patient Signature _____

(Official Use Only)

Physician consulted: No Yes Physician name _____
OK to proceed No Yes GFR _____

Contrast Type: _____ Amount: _____ ml Time: _____ Injection site: _____

Technologist signature: _____

Patient Instructions

1. You are urged to use the ear plugs or headphones that we supply for use during your MRI examination since some patients may find the noise levels unacceptable, and the noise levels may affect your hearing.
2. Please remove all jewelry (e.g. necklaces, earrings, pins, etc.) except rings
3. Please remove all hair pins, bobby pins, barrettes, clips, etc.
4. Please remove hearing aids
5. Please remove your watch, pager, cell phone, credit and bank cards, and all other cards with a magnetic strip. A locker will be provided for you to secure these items.
6. If your clothing has metal fasteners, zippers, etc, you will be asked to remove such clothing and wear a patient gown during the procedure.

Technologist comments: _____

