

Safety Sheet for MRI and CT Contrast Exams

Your physician has referred you to us for an exam involving contrast. This contrast may be beneficial in aiding the radiologist to interpret your images. We are prepared to treat any adverse reaction should it occur. Your physician is aware of the remote possibility of a complication and feels that the diagnostic information obtained far outweighs the minimal risk of the procedure.

Additionally, for MRI Patients with severely reduced kidney function, gadolinium contrast is considered a possible cause of a rare disease called Nephrogenic Systemic Fibrosis (NSF). It is suggested that patients who receive hemodialysis treatment for renal failure should schedule their hemodialysis for 2-4 hours after gadolinium contrast injection. If you have renal failure, but do not need dialysis, please tell the MRI Tech.

Most patients experience a warm sensation during the injection of contrast media. An allergic type reaction to the injection is also possible. The most common reactions include nausea, vomiting, flushing and sneezing. Other reactions may include hives, chills, swelling of the eyes and lips, or in very rare instances possible death.

For Tech Use Only

_____ A9900 (Tray)
_____ Q9966 (Omnipaque)
_____ Q9966-JW (Omnipaque Waste)
_____ A9575 (Dotarem)
_____ A9575-JW (Dotarem Waste)
_____ J3301 (Kenalog)
_____ S1040 (Depo-medrol-methylpred)
_____ S0020 (Sensorcaine)
_____ J1100 (Dexamethasone)

IV CONTRAST

_____ ml Dotarem
_____ ml Omnipaque

PATIENTS - PLEASE ANSWER ALL THE BELOW QUESTIONS:

Have you ever had an allergic reaction to contrast?

No Yes

If Yes, Explain: _____

Are you allergic to any medications?

No Yes

If Yes, Explain: _____

Have you ever had any kidney disease, failure, or transplant?

No Yes

If Yes, Explain: _____

Have you ever had any liver disease, failure, or transplant?

No Yes

If Yes, Explain: _____

Are you currently on Dialysis?

No Yes

Are you Diabetic?

No Yes

Do you have High Blood pressure?

No Yes

Do you have Multiple Myeloma?

No Yes

Do you have Asthma/Emphysema ?

No Yes

Do you have a Heart Condition?

No Yes

I attest that the answers I have provided on this form are correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information of this form.

Signature: _____

Date: _____

