



1320 22nd Ave
Fairbanks, Alaska 99701
(P) 452-4777 (F) 452-4787

Consent for Contrast

Patient Name: _____

Medical Records Number: _____

In order to complete your examination, an intravenous injection of magnetic resonance contrast agent, (gadolinium, not iodine) may be necessary.

The procedure is simple with few side effects worldwide. A few patients have experienced transient headache or nausea and occasionally hives as a reaction to the contrast injection. Please inform the staff if you have severe anemia.

Please feel free to ask the technologists should you have any questions regarding this procedure prior to beginning your exam.

Are you allergic to any drugs?

Are you pregnant? Yes No

History of Cancer? _____

Signature of patient, parent, or guardian: _____

Date: _____

Signature of Witness: _____

Date: _____