

# PROHEALTH

Advanced Imaging

7345 Medical Center Dr., Ste. 130  
West Hills, CA 91307  
phone: 818.710.6011  
fax: 818.710.6311

[www.prohealthscan.com](http://www.prohealthscan.com)

10767 Riverside Dr.  
North Hollywood, CA 91602  
phone: 818.301.6700  
fax: 818.301.6701

## PATIENT INFORMATION RECORD

### MRI CONTRAST CONSENT FORM

(Intranevous or Intra-articular)

Magnevist (Gadopentetate Dimegiumine and Prohance Gadoteridol) are two types of contrast agents that are Intravenously administered in the course of some MRI Examinations. Alternatively, these agents may be directed directly into the joint after dilution with fluid (MR Arthogram). Both contrast agents are nearly colorless fluids, which are eliminated in the urine within 48 hours.

If your doctor ordered an MR Arthogram in addition, local anesthesia (Lidocaine) will also be used.

Occasionally, less than 2 % of patients experience some nausea after the injection. This tends to pass rather quickly. In fewer less than 1 % of patients, additional side affects may be noted including facial swelling, flushing, headaches, chest pain, itching and watering eyes.

**PLASE FEEL FREE TO ASK ANY QUESTIONS ABOUT THIS TEST OR THE CONTRAST AGENT BEFORE SIGNING THE CONSENT FORM.**

I have read the explanatory notes above. The nature of the procedure, its risks, potential complications and benefits above have been explained to me and I understand them I consent to the use of contrast agents on myself  
(My \_\_\_\_\_ and I authorize the administration of such drugs or local anesthesia as may be deemed necessary for the performance of the study by the physician.

Patient Signature : \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Signature : \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_