

Commonwealth Medical Group– MRI

2500 West Layton Avenue / 7400 West Rawson Avenue (414) 282-5314 – Fax: (414) 525-0663

Consent for Magnetic Resonance Imaging

Patient's Name:

Your Physician has scheduled you for a Magnetic Resonance Imaging (MRI) study. MRI is a diagnostic procedure that produces detailed pictures of the body without the use of radiation or x-rays. This procedure is performed by using a strong magnetic field, radio waves and computer to produce images. MRI is often used in conjunction with other diagnostic procedures such as CT scanning and radiographic examinations.

This procedure requires you to lie on a moveable table, which is pulled into the center of a large electromagnetic shaped cylinder. Radio waves similar to those emitted from an ordinary radio are used to produce the images by passing them through the body and recording those that are released. During the examination, you may hear intermittent knocking sounds while the magnetic coils are operation. The procedure is painless and the only discomfort that you may experience is lying still in a confined space while the images are acquired. Most examinations require 30-60 minutes. **IT IS VERY IMPORTANT THAT YOU DO NOT MOVE DURING THE EXAMINATION.**

There has been several hundred thousand MRI procedures performed nationwide without incident or reported side effects. **HOWEVER, BECAUSE THIS IS A RELATIVELY NEW TECHNOLOGY POSSIBLE LONG TERM EFFECTS ARE UNKNOWN AT THIS TIME.**

There are instances where MRI might be hazardous to patients. These include **PRESENCE OF METALLIC ANEURYSM CLIPS FROM BRAIN SURGERY, PACEMAKERS, NEUROSTIMULATORS, METAL FRAGMENTS IN THE EYE, SHRAPNEL, COCHLEAR IMPLANTS AND HEART VALVE REPLACEMENTS. ALSO, IF YOU ARE PREGNANT OR POSSIBLY COULD BE PREGNANT, YOU MAY BE ADVISED NOT TO HAVE A MRI SCAN.** If any of these conditions apply to you, you should inform your doctor and the technologist.

Due to the fact that you will be in the presence of a strong magnetic field, precautions are taken to prevent injury by excluding any metallic artifacts from the MRI suite.

By signing below you acknowledge:

- A. That you have read this consent and agree to the Magnetic Resonance study.
- B. That the procedure has been satisfactorily explained to me and that I have all the information I desire and;
- C. That I hereby give my authorization and consent to the performance of this procedure.

X _____

Patient Signature (Parent if under 18)

(Date)

X _____

Witness for signature

(Date)