

H.O.P.E. IMAGING
Loma Linda High Field Open MRI & Diagnostic Center

PATIENT CONSENT FORM

MRI INFORMED CONSENT

I, _____, understand that I am to undergo a test involving my receiving a contrast material (dye) injected into the vein in my arm.

Before giving my consent by signing this form, I agree that I have been sufficiently informed by Advanced Imaging (AINC) of the purpose of this study, the methods used, potential side effects, and that I have had all of my questions pertinent to this study answered.

Purpose of this test : My physician has ordered an MRI procedure with introduction of a dye. This study has been chosen by the referring physician to best diagnose my current symptoms.

Side effects : Although extremely rare, serious reactions may occur. These include, but not limited to, nausea, breathing difficulty, severe swelling and anaphylactic shock. Emergency equipments and trained personnel are available to handle unusual situations which may arise.

I have read the above information and understand the importance of this test, the potential risks of the procedure, and agree to proceed.

Patient Signature

Witness

Date and Time