



Your health. Your Choice. Your MRI.

INFORMED CONSENT FOR MRI

Date _____

Patient Name _____

Consent to Imaging Procedure with or without Contrast Injection. Your attending physician believes it beneficial for you to undergo a diagnostic imaging procedure known as magnetic resonance imaging (MRI) to obtain additional information that may aid in diagnosing and treating your medical condition. It has been explained that MRI does not use x-rays or radiation. Instead, a magnetic field and radio waves are used to create an image of internal body structures. MRI is a painless procedure requiring you to lie quietly on a padded table that gently glides you into the magnet. While the scanner is performing your scan, you will hear some humming and thumping sounds. These are normal and should not worry you.

I, the patient, or the legally authorized representative of the patient, do hereby consent to the performance of medical diagnostic and imaging procedures at Angelo MRI. I understand that I have the right to be informed about the diagnostic imaging procedure being used so that I may make the decision whether or not I, or the patient, should undergo the procedure. By signing below, I hereby certify that I have fully read this consent, had it explained to me, or have had it read to me, and have been given an opportunity to ask questions about my condition, alternative forms of treatment, the procedures to be used, and the risks and hazards involved. I understand its contents and have sufficient information to give this informed consent.

Patient/Parent/Legal Guardian Signature

Printed Name

Technologist Signature