

**PERMISSION FOR PROCEDURE**

Magnetic Resonance Imaging with Contrast Agent

I do hereby give authorization and consent to Middletown Medical and/or Designee to perform the procedure described as **Magnetic Resonance Imaging with Gadolinium Contrast Injection** on me. The nature and intended purpose, risks and consequences of such procedure have been explained to me as well as possible medically acceptable alternative diagnostic procedures by the physician listed above and I give this permission with full knowledge and understanding thereof. I have the benefits or result intended. I am also aware that there are risks associated with the medication, medical procedures and treatments that can cause adverse consequences not ordinarily anticipated in advance, but I give this permission with full approval nevertheless.

The most common adverse risk is an allergic reaction, reversible renal failure, bleeding, failure to locate vein, and death.

Benefits of injection include improved accuracy of identification and diagnosis of Pathology. Alternative to injection would be to perform the study without contrast media (Gadolinium) injection.

I understand that during my procedure the physician may find in his or her judgment that additional or different procedures are necessary. Therefore, I authorize the physician and/or his/her associates and technical assistants to perform such other procedures, which are advisable in his/her professional judgment.

I hereby release the attending physician, the MRI Center, and it's employees from any and all liability, which may result from this procedure.

I understand that this **RELEASE** shall be binding upon my heirs, executors, administrators, and the assigns.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Witness

**WHEN PATIENT IS A MINOR OR OTHERWISE UNABLE TO SIGN ON OWN BEHALF**

Reason for patient's incapacity: \_\_\_\_\_

\_\_\_\_\_  
Signature of person legally authorized to consent for patient

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness