

MRI Scan Consent Form

Patient Name:

Date of Birth:

Medical Record Number:

Purpose of MRI Scan

I understand that my physician has recommended a Magnetic Resonance Imaging (MRI) scan. The MRI scan uses a powerful magnet and radio waves to create detailed images of internal organs and tissues to assist in diagnosis or monitoring of medical conditions.

Possible Risks and Discomforts

- I understand that MRI does not use ionizing radiation.
- I may experience discomfort from lying still or from loud noises during the scan.
- I have informed the staff if I have any implants, pacemakers, metallic fragments, or other metal-based devices in my body, which may pose a risk during the MRI.
- I will immediately inform the technologist if I feel claustrophobic or experience any discomfort.

Pregnancy

I have informed the staff if I am or may be pregnant.

Contrast Material

If contrast material is to be used, the risks and benefits have been explained to me. I have informed the staff of any allergies or previous reactions to contrast agents.

Voluntary Consent

I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction. I understand that I may withdraw my consent and refuse the procedure at any time before or during the MRI scan.

Signature of Patient/Guardian:

Date:

Signature of Witness:

Date:
