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Intravenous Contrast Consent for MRI Study

Date: _____
Name: _____ Date of Birth: ___/___/___
Sex: _____ Height: _____ Weight: _____

I _____, give my consent for the radiologist to perform a Magnetic Resonance Imaging (MRI) study on myself.

I _____, **DO NOT** give consent for the radiologist to perform a Magnetic Resonance Imaging (MRI) study on myself.

I understand the study may require intravenous administration of gadolinium contrast material.

The potential risks and possible consequences associated with the performance of this study have been fully explained to me.

Patient's Signature

Witness's Signature