



**San Luis Diagnostic Center**  
 1100 Monterey Street, Suite 210  
 San Luis Obispo, California 93401

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 www.SLDCinfo.com

**NAME:** \_\_\_\_\_

Last Name, First Name Middle Initial

**WEIGHT:** \_\_\_\_\_

**CONSENT FOR MRI — GENERAL**

**Please complete this form to the best of your ability. If you do not know the answer, please leave it blank. If our doctor deems it necessary to get this information we will contact you. This form is used to aid the radiologist in interpretation of this study only.**

The following may interfere with an MRI exam, and some could be hazardous to your health.

Do you have (a/an/any)

- |  |     |    |  |     |    |
|--|-----|----|--|-----|----|
| Heart Pacemaker/Defibrillator?                               | Yes | No | Stent?   | Yes | No |
| Aneurysm clips from brain surgery?                           | Yes | No | Cochlear Implant(s)?                                       | Yes | No |
| Kidney Disease or Kidney problems?                           | Yes | No | Artificial Joint(s)?                                       | Yes | No |
| Surgical Clips?  | Yes | No | Harrington Rods?   | Yes | No |
| Artificial heart valve(s)?                                   | Yes | No | Wire Sutures?  | Yes | No |
| Insulin Pump?  | Yes | No | Dentures?  | Yes | No |
| Hearing Aid(s)?  | Yes | No | Are you pregnant or nursing?                               | Yes | No |
| Possibility of metal fragments in your eyes?                 | Yes | No | Mechanical device worn externally or implanted internally? | Yes | No |
| Cosmetic piercings or implants? (Other than dental implants) | Yes | No |  |     |    |

To complete your MRI exam, we may need to administer a special MR contrast agent. The contrast agent is given through a needle placed into your vein. This contrast is considered very safe. Infrequently, a patient will have a mild reaction to the contrast. The radiologist and the technologists at San Luis Diagnostic Center are trained to treat such reactions. To date, only a very few serious reactions to the agent have been reported in the United States.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to patient:  Self  Parent or guardian of minor patient  Guardian or conservator of patient

Please remove the following items before having your MRI examination. Secure them and all your valuables in your dressing room locker.

- |                               |                            |                 |                    |
|-------------------------------|----------------------------|-----------------|--------------------|
| <b>Hearing aids</b>           | <b>Wallet/Credit cards</b> | <b>Wig</b>      | <b>Dentures</b>    |
| <b>Jewelry (except rings)</b> | <b>Keys</b>                | <b>Hairpins</b> | <b>Safety pins</b> |