

MRI SPECIALISTS OF TULSA

PATIENT NAME: _____ DATE: _____

INFORMED CONSENT FOR ARTHROGRAM

You have the right to be informed about your condition and the recommended surgical, medical or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to alarm you, but rather to inform you of your procedure so that you may choose to give or withhold your consent for the procedure.

If you are pregnant or think that you may be pregnant, please inform the facility personnel at once.

Your physician has requested that we perform an arthrographic examination of your _____.
The purpose of this procedure is to provide information to aid your physician in diagnosing and treating your complaint. This procedure involves administering a local anesthetic and injecting a contrast medium in the _____ joint through a needle. There may be a slight burning sensation when the anesthetic agent is injected. This will pass quickly. During injection of the contrast medium, you may feel pressure or pain; this is normal for this procedure. Following this procedure, an MRI or CT exam may be performed to further evaluate the joint.

Potential Risks: The following complications are possible: anytime an injection is given, there is the potential for pain, bleeding, bruising or swelling at the injection site. Untreated complications could lead to loss of use of the joint. You can expect pain or soreness lasting up to 24 hours after the injection. Additional allergic reactions in response to the contrast agent may include hives, shortness of breath or difficulty in swallowing. There have been rare instances of death after the administration of the contrast agent. It is very important that you inform the technologist if you experience any of the conditions mentioned above.

If you have previously had a reaction to a contrast injection such as hives, severe itching, shortness of breath and/or any significant reaction requiring hospitalization, a history of asthma or other allergic conditions, any history of anemia, sickle cell anemia or kidney disorder, are **PREGNANT OR BREAST FEEDING** you **MUST** inform the technologist.

I CERTIFY THAT THIS FORM HAS BEEN FULLY EXPLAINED TO ME, THAT I HAVE READ IT OR HAVE HAD IT READ TO ME, AND THAT I UNDERSTAND ITS CONTENTS.

I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE ANESTHESIA, THE PROCEDURES TO BE USED, AND THE RISKS AND HAZARDS INVOLVED, AND I BELIEVE THAT I HAVE SUFFICIENT INFORMATION TO GIVE THIS INFORMED CONSENT.

Patient/Parent/Legal Guardian Signature

Technologist Signature

Physician Signature