## THE IMAGING CENTER - COOKEVILLE REGIONAL MEDICAL CENTER - MRI QUESTIONNAIRE PART 2

Patient Name		DOB	Date	MR#	
GADOLINIUM					
Asthma or Emphysema	Yes 🔲 No	History of pre	evious reaction		☐ No
History of Renal Insufficiency	Yes 🔲 No	Explain:			
History of Liver Problems	Yes 🔲 No	Explain:			
What is the most important information I	should know a	bout Gadavist,	Magnevist or Eov	rist?	
<ul> <li>Gadavist, Magnevist, Eovist contains including the brain, bones, skin and</li> </ul>					our body
<ul> <li>It is not known how gadolinium may normal kidneys.</li> </ul>	affect you, but	t so far, studies h	nave not found har	mful effects in pati	ents with
<ul> <li>Rarely, patients have reported pain symptoms have not been directly link</li> </ul>			or bone ailments	for a long time, b	out these
<ul> <li>There are different Gadolinium ager in the body is different for different Magnevist, Gadolinium stays in the b</li> </ul>	gadolinium me	edicines. Gadolin			
People who get many doses of gad increased risk from gadolinium staying		nes, women who	are pregnant and	d young children m	າay be at
<ul> <li>Some people with kidney problems of the skin, muscles and other organ screen you to see how well your kite</li> </ul>	s in the body (r	nephrogenic syste	emic fibrosis). Your	healthcare provide	er should
Adverse Reactions: Mild reactions include reactions are (characterized by cardiovascul					to severe
The purpose of the use of contrast agents wi all my questions, if any, have been answered					form and
Patient Signature (Guardian):			Date:		
Patient WtInjection Site:		GFR Results	<b>3</b> :	Date:	
Lot #:Expiration					
Gauge:Pre-Inject	Post-Inje	ect I	ntact:    Yes	No Amount:	mL
DC: 🔲 Yes 🔲 No 🛮 Bandage: 🖵 Yes	☐ No Ir	njection By:		Time:	
	]	MRI POST I	NJECTION INSTR	RUCTIONS	
PATIENT ID STICKER	You have received an injection of contrast material containing Gadolinium. This contrast agent rarely causes allergic reactions, however; in the event you experience any unexplainable symptoms that you believe maybe related to this injection, please contact your physician or go to the nearest Emergency				

\* 8 6 5 - B \*

Form 865-B (Rev. 5/18)

Room. Please pass this form on to your next provider of care. Thank you for choosing Cookeville Regional Medical Center's Imaging Department and

allowing us to provide your care today.