



**Lakeside MRI**  
**25 Riviera Blvd.**  
**Lake Havasu City, AZ 86403**  
**Phone: 928.923.6658**

## MRI ARTHROGRAM CONSENT FORM

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Your doctor has ordered an MRI arthrogram. This test involves administering MRI contrast or dye (Gadolinium) into the joint of interest under x-ray guidance, followed by an MRI study. The administration of gadolinium contrast is performed under x-ray guidance so that the joint can be localized and a small needle inserted into the joint. During the arthrogram portion of the study, a small amount of iodine based dye (CAT scan or IVP dye) which can be seen under the x-ray guidance is also administered. This is then followed with an MRI examination. The contrast or dye that was administered into the joint enables better MRI pictures which are helpful in certain clinical situations. If requested by the referring physician, medication may be injected into the joint at the time of the arthrography.

Local anesthesia is administered to minimize any DISCOMFORT. The arthrogram portion of the study takes between 15 to 30 minutes and the MRI portion of the study will take approximately 45 minutes.

Arthrography and MRI arthrography are safe procedures. Very rare complications include bleeding or infection related to the needle puncture or allergy or reaction to the MRI dye (Gadolinium dye) or iodine dye. These rare allergies or reactions to the dye are more common in patients with severe medication allergies.

**Alternatives to this procedure include an MRI without dye or occasionally diagnostic arthroscopy.**

**\*\*PLEASE ADVISE US IF YOU HAVE EXPERIENCED SEVERE MEDICATION ALLERGIES IN THE PAST.\*\***

Please indicate by signing below that you have read and understand the above information, have had any questions answered, and consent to the performance of this procedure.

Allergies: \_\_\_\_\_ Blood Thinners: \_\_\_\_\_

Joint: \_\_\_\_\_  Left  Right

\_\_\_\_\_  
(PATIENT/GUARDIAN)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(WITNESS)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PHYSICIAN)

\_\_\_\_\_  
(DATE)