



301 Bayview Circle, Suite 105  
Newport Beach, CA 92660  
ph (949) 799-3000  
fax (949) 799-4000  
info@backbayimaging.com

## Consent for Administration (Injection) of Contrast Material

Name \_\_\_\_\_

Your doctor has determined that it is medically indicated to perform a Magnetic Resonance Imaging (MRI) study with a gadolinium based contrast. This will provide greater diagnostic accuracy in your examination. Rarely (less than 3%), patients experience mild adverse reactions (headaches, nausea, dizziness). More severe complications are extremely unlikely to occur.

***I authorize Back Bay Imaging to use this contrast in the manner prescribed by its radiologists.***

\_\_\_\_\_  
SIGNATURE\*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\*Patient or Patient Representative: Parent/Conservator/Guardian