

Contrast Consent Form			
1. Are you currently taking or have you recently taken any medication or drug?  If yes, please list:	□ No	□ Yes	
2. Are you allergic to any medication?  If yes, please list:	□ No	□ Yes	
3. Do you have a history of asthma, allergic reaction, respiratory disease, or reaction to a contrast medium or dye used for an MRI, CT, or X-ray examination?	□ No	□ Yes	
4. Do you have anemia or any disease(s) that affects your blood, a history of renal (kidney) disease, renal (kidney) failure, renal (kidney) transplant, high blood pressure (hypertension), liver (hepatic) disease, a history of diabetes, or seizures?	□ No	□ Yes	
If yes, please describe: Females Only:	<b>1</b> 10	<b>1</b> 103	
5. Are you taking oral contraceptives or receiving hormonal treatment?	□ No	☐ Yes	
6. Are you taking any type of fertility medication or having fertility treatments?  If yes, please describe:	□ No	□ Yes	
7. Are you currently breastfeeding?	□ No	☐ Yes	
NSF			
NSF (Nenhrogenic Systemic Fibrosis) was first described in the medical literature in 2000. The first case	of NSF was identified in	1997 The cause	

of NSF is unknown, but it has been reported only in patients who have severe kidney disease. NSF causes fibrosis of the skin and connective tissues throughout the body. Patients develop skin thickening that may prevent bending and extending joints, resulting decreased mobility if joints. NSF usually starts in the lower extremities. Fibrosis can also develop in the diaphragm, muscles in the thigh and lower abdomen, and lung vessels. Over time, NSF becomes worse and can cause death. There is no known treatment for NSF. Improved renal function (spontaneous or via renal transplantation) appears to slow or arrest NSF and may even result in a gradual reversal of NSF. Other treatments are being tested. The FDA has issued a warning for patients with acute or chronic severe renal (kidney) insufficiency (GFR <30); or renal dysfunction due to the hepato-renal syndrome; or the perioperative liver transplantation period. In patients with severe or end stage renal disease, the incidence of developing NSF appears to be around 3-5% in the reported cases. There are 6 FDA approved gadolinium-based contrast agents.

At Coastal Orthopedics & Sports Medicine, we exclusively use only FDA approved contrast agents, Multihance and/or Magnevist. If administration of MRI contrast is essential and you are already receiving hemodialysis, it is recommended to have hemodialysis at 3 hours and again at 24 hours, after MRI contrast is given. The hemodialysis may help eliminate the contrast from your body. Whether hemodialysis will help prevent NSF is unknown.

Contact your doctor right away, after receiving MRI contrast, if you get any of these conditions that may indicate the development of NSF:

- Skin and Eyes
  - Swelling, hardening and tightening of your skin 0
  - Reddened or darkened patches on the skin
  - Burning or itching of your skin 0
  - Yellow raised spots on the whites of your eyes 0
- **Bones and Muscles** 
  - Stiffness in your joints; problems moving or straightening arms, hands, legs, or feet
  - Pain deep in your hip bones or ribs

o Muscle we	eakness	
I have read the information above and ha	ve been given the opportunity to ask questio	ns.
I consent to the use of IV MRI contrast an		
Patient Signature/Legal Authorized Person	Date	<del></del>
I have read the information above and ha	ve been given the opportunity to ask questio	ns
I decline the use of IV MRI contrast.	eve been given the opportunity to ask question	15.
I decline the use of Iv wiki contrast.		
Dationt Signature/Local Authorized Boncon	Data	<del></del>
Patient Signature/Legal Authorized Person	n Date	