



Consent for Magnetic Resonance Imaging (MRI) Study

IF YOU HAVE A CARDIAC PACEMAKER, YOU CANNOT HAVE THIS STUDY.

You are scheduled to be examined by a process known as Magnetic Resonance Imaging or MRI. This is one of the most advanced diagnostic techniques developed in recent years. Additionally, it is painless and involves very little risk. MRI involves taking a series of “pictures” or images within your body by means of sending radio signals into your body, through the magnetic field, then processing these signals into a computer.

The purpose of this test is to increase and improve the diagnostic information available to your physician and ultimately benefit your care. This examination is considered safe for adults and children, but has not yet been approved for routine use in pregnant women. Extensive evaluation has shown no hazard from MR imaging. Because of this newer technology, however, long-term side effects are unknown.

The procedure is quite simple. You will be lying down on a table, which slides into a cylinder that contains a large magnet. All you will hear is the noise the scanner makes during the imaging process. You will be asked to lie still. There is a microphone in the chamber so we can hear you during the procedure.

You are responsible for the cost of the MRI examination. Although insurance companies now reimburse for MRI, some reimburse only partially.

By signing below, you indicate that you have read and understand this consent form, and agree to be tested. You acknowledge that all of your questions have been answered regarding MR imaging and that you have been assured that future questions will be answered promptly.

You will be receiving you billing in two parts:

- 1) You will receive a bill for the technical portion from **Outpatient Radiology**.
- 2) You will receive the professional (radiologist’s service) portion from **Casper Medical Imaging**.

- **I AUTHORIZE RELEASE OF ANY MEDICAL OR OTHER INFORMATION NECESSARY TO PROCESS MY CLAIM.**
- **I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO OUTPATIENT RADIOLOGY FOR SERVICES PROVIDED HEREIN.**
- **IF I AM TAKING ORAL MEDICATION I UNDERSTAND I MUST HAVE A DESIGNATED DRIVER**

Signature of Patient of Authorized Person

Date