



Gadolinium Based Contrast (GBCA) Acknowledgement Form

Patient Name: _____

DOB: _____ MMI: _____

Clariscan (gadoterate meglumine)

Gadavist (gadobutrol)

Eovist (gadoxetate disodium)

Omniscan (gadodiamide)

Prohance (gadoteridol)

Magnevist (gadopentetate dimeglumine)

Dotarem (gadoterate meglumine)

MultiHance (gadobenate dimeglumine)

Optimark (gadoversetamide)

By signing this form, you acknowledge that you have received from St. Vincents Medical Center / Optimal Imaging the Food and Drug Administration (FDA) Medication Guide for Clariscan, Gadavist or Eovist, gadolinium-based contrast agents (GBCAs). GBCAs are retained for months to years in the brain, bone, skin and other organs in patients with both normal and low renal function. The clinical consequences of this retention are unknown. Retention is less with macrocyclic GBCAs than with linear GBCAs. St Vincents Medical Center / Optimal Imaging only use macrocyclic GBCAs. It was determined by your treating clinician that a GBCA was medically necessary for this imaging examination.

Further, you acknowledge that you were provided time to review the medication guide and have had the opportunity to ask questions related to the use of this medication prior to your imaging examination.

Patient/Guardian Signature: _____ Date/Time: _____

Witness Signature: _____ Date/Time: _____