PROHEALTH
Advanced Imaging

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PATIENT INFORMATION RECORD

CT SCAN CONTRAST CONSENT FORM

(Intranevous or Intra-articular)

Your doctor has recommended that you have a special x-ray diagnostic test called Computer Tomography (CT or CAT Scan) to help better understand your problem. When Indicatedm an Iodine-containing contrast agent is commonly injected into the patientès vein to look for abnormal tissue or blood vessels.

Most Patients tolerate the contrast agent without difficulty. Very few patients are allergic to the contrast agent and may develop a skin rash or hives, itching of the skin and low blood pressure. If you have heart failure or kidney failure or are being treated for either, it might worsen for a short period. These reactions can be treated with medications that we have on hand. Occassionally patients become very ill and need special medical attention or hospitalization.

When the examination is finished, your body will get rid of the contrast agent through the kidneys. You will see no color change in you urine since the contrast is colorless to the human eye. We encourage you to drink lots of fluids after the examination to speed this process.

PLASE FEEL FREE TO ASK ANY QUESTIONS ABOUT THIS TEST OR THE CONTRAST AGENT BEFORE SIGNING THE CONSENT FORM.

1. Have you ever had an allergic reation to Iodine or Iodine-containing drugs such as x-ray contrast agent ? _____ Yes _____ No
2. Please list any allergies that you have _____
3. Do you have heart failure or kidney failure ? _____ Yes _____ No
4. Are you being treated to either one ? _____ Yes _____ No
5. Are you a Diabetic ? _____ Yes _____ No If yes, please list medications

_____

I have read the explanatory notes above. The nature of the procedure, its risks, potential complications and benefits above have been explained to me and I understand them I consent to the use of contrast agents on myself (My _____ and I authorize the administration of such drugs or local anesthesia as may be deemed necessary for the performance of the study by the physician.

Patient Signature : _____ Date: _____/_____/_____

Witness Signature : _____ Date: _____/_____/_____