CONSENT FOR INTRAVENOUS CONTRAST

Patient Name: _____ Date of Service: _____
I, _____authorize the performance upon myself or _____ for the following procedure_____.

Please circle Yes or No:

Yes No Are you pregnant? 1st day of LMP __/__/___

Yes No Do you have high blood pressure?

Yes No Do you have sickle cell disease?

Yes No Do you have diabetes? If yes, Treatment:

_____

Yes No Do you have any allergies to iodine?

Yes No Do you have asthma, hay fever, difficulty breathing?

Yes No Do you have kidney disease or malfunction?

Yes No Do you have heart disease/ problems?

Yes No Have you ever had x-ray or CT contrast injected before?

Yes No Did you have any problems?
If Yes, explain:_____
_____

Material Risk:
Most patients experience no unusual side effects or complications for the x-ray contrast injection. However, as with any medical procedure, some risk is involved. During injection of the x-ray contrast, you may feel a warm sensation or nausea. Some patients have an allergic type of reaction with itching and/or hives, swelling of the eyes and lips, sneezing or difficulty breathing. Medicine may be administered to you if these conditions occur. Leakage, bruising or infection may occur at the injection site. In rare instances, more serious complications occur including shock, kidney failure and cardiac arrest. Should any of these reactions occur, immediate medical or surgical attention may be necessary. Although not likely, permanent damage to your health is possible. Fatal complications are rare but may occur with this procedure. Your doctor is aware of these possible complications but has determined that the diagnostic information provided by this procedure out weighs the risk involved.

_____ _____
Signature of Patient or Guardian Date

_____
Relationship to Patient

Radiology Use Only
Name of Procedure_____
Creatnine _____ BUN _____
Type of Contrast Injected ____Optiray_____Amount ___100_____cc
Lot Number _____ Exp. Date:_____ Injection Site _____Tech. Initials__RS____
Yes No did patient tolerate procedure well?

_____ _____
Technologist Signature Date