



CT Contrast Consent

Your physician has requested that we perform a Computed Tomography (CT) scan. In certain cases the radiologist may determine that the quality of your CT scan may be improved by administering intravenous iodinated contrast agent. Most patients experience no adverse effects from this injection other than a feeling of warmth or flushing which is very common. As with the injection of any medicine or drug, a few risks are involved, most of which are mild and will pass after a few moments: pain, bleeding, bruising at the injection site, slight nausea, or a metallic taste in the mouth. There can also be minor reactions such as itching, sneezing, or hives. Uncommonly, there can be more severe reactions including kidney failure, thrombophlebitis, skin necrosis, and in extremely rare cases, death. The safety of its use in pregnant women has not yet been determined. If you are breast-feeding, you should pump and discard your breast milk for a 48-hour period following this test. It is safe to resume breast-feeding 48 hours after this test.

Please answer the following:

Question	Select	Yes or No
Have you ever had IV contrast (X-ray dye) before?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you allergic to IV contrast (X-ray dye)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a history of renal insufficiency/kidney problems/dialysis	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you diabetic?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes-Do you take any medications containing Metformin?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have a history of thyroid disease? If Yes-Please describe: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have asthma?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have high blood pressure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have sickle cell anemia?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have multiple myeloma?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have pheochromocytoma (adrenal gland tumor)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I have read, had the opportunity to ask questions, and understand the above information and give consent for the administration of intravenous contrast and/or oral contrast as indicated.

Patient's Name (printed) Date of Birth Age Patient ID

Signature of Patient or Authorized Representative Date

Charter Radiology Technologist Date