



CT SCAN CONTRAST CONSENT FORM

Your physician has requested that we perform a Computer Tomography Scan (CT or CAT Scan) to obtain additional health information. This is a diagnostic test that uses x-ray and a computer to produce images of internal body parts. When indicated, an iodine based contrast agent is commonly injected into the patient's vein to look for abnormal tissue or blood vessels.

Most patients tolerate the contrast agent without difficulty. Occasionally, minor allergic reactions occur in the form of itching, sneezing, hives, swelling of the eyes or wheezing. 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 in office.

Rarely a more serious reaction may occur. Even though it is extremely rare, medical statistics indicate that fatality may occur from the injection of contrast.

You must inform the technologist if you have had or are suffering from any of the following conditions:

- **Previous reactions to a contrast injection.**
- **History of asthma, kidney disorder, thyroid disorder, multiple myeloma, sickle cell anemia, diabetes, if you are taking metformin containing medications i.e. Glucophage**

When the procedure is completed, the body will automatically flush the contrast. 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.

You **MUST** inform the technologist if you have had or are suffering from any of the following conditions.

1. Have you ever had an allergic reaction 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 a Diabetic? Yes No

By my signature below, I hereby certify that I have fully read this consent or have had it read to me. I have been given an opportunity to ask questions about my condition, alternative forms of treatment, the procedure to be used, and the risks and hazards involved. I understand its contents and have sufficient information to give this informed consent.

Patient Name: _____ Date: _____

Patient Signature: _____ Witness: _____