



CT SCAN CONTRAST CONSENT FORM

Your doctor has recommended that you have a special x-ray diagnostic test called Computed Tomography (CT or CAT Scan) to help him/her better understand your problem. When indicated an iodine-containing contrast agent is commonly injected intravenously to help your radiologist distinguish between any abnormalities.

Most patients tolerate the contrast agent without difficulty. Allergic reactions are very uncommon but side effect range from skin rash or hives, itching of the skin, shortness of breath or low blood pressure. If you have a 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 keep on hand. Occasionally 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 your urine since the contrast is colorless to the human eye. We encourage you to drink plenty of fluids after the examination to speed up this process.

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

1. Have you ever had an allergic reaction to iodine or iodine-containing drugs?

2. Please list any allergies that you have?

3. Do you have heart or kidney failure? _____

4. Are being treated for either one? _____

5. Are you diabetic?

If yes, please list your medications _____

6. Are you allergic to **Sea Food**? _____

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

Patient Signature: _____ **Date:** _____

Technician Signature: _____ **Date:** _____