

Patient Name:
Date of Birth:
MRN:
Referring Physician:

Procedure:

Accession #:

Contrast Consent Form

Exam:

Technologist: _____

Clinical: _____

History: _____

Your procedure today requires the use of an injection contrast material. We use non-ionic contrast. This material is injected intravenously and contains iodine. However, the non-ionic contrast has proven to be more tolerable for the patients than the previously used ionic ones. Some reactions such as nausea, vomiting, change in blood pressure, skin rash, or other more severe reactions may occur but are uncommon with the non-ionic contrast material.

I have read the above statement regarding non-ionic contrast and give consent for the use of contrast during my procedure. All of my questions regarding contrast and potential reactions have been answered to my satisfaction.

Yes No Are you diabetic?

Yes No Do you take Glucophage, Glucophage XR, Glucovance, Janumet, Avandamet, Metformin, Fortamet, Riomet, Metaglip, Actoplus Met, Actoplus Met XR, Glumeta or Kombiglyze XR?

Yes No History of kidney disease?

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

I have been advised by NeuroSkeletal Imaging to discontinue any medications I may be taking to treat diabetes containing Metformin for at least 48 hours after my IV contrast enhanced CT scan. It is recommended that my referring doctor or primary care physician administer a blood test to check my kidney function before I continue my medication.

I attest that the answers I have provided to questions on this form are correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

Patient Signature (Parent or Guardian)

Technologist Signature

Date Signed: _____

Date Signed: _____
