Sun View Imaging Services
Computed Tomography (CT) Patient Disclosure and Informed Consent

Date:_____ Name:_____ Date of Birth:_____
Weight:_____ MRN:_____ Secondary MRN:_____
Referring Physician:_____

PLEASE READ AND CIRCLE YES OR NO TO THE FOLLOWING QUESTIONS:

Are you allergic to Iodine Contrast (x-ray/CT contrast)? Yes No
Are you allergic to any foods or medicines? …… Yes No
If yes, please list: _____

Are your taking any medications? …….. Yes No
If yes, please list: _____
Are you pregnant or suspect that you are pregnant? Yes No
Are you breastfeeding? ..... Yes No

Do you have a history of kidney disease? …… Yes No
Have you had recent lab work? …… Yes No If yes, where: _____

Do you have any medical problems? ……Yes No
If yes, please circle all that applies below.
Angina, Cardiac Dysrhythmia, Atrial Fibrillations, Flutter, CHF, COPD, Asthma, Breathing Difficulties, High Blood Pressure.

Are you diabetic? …….. Yes No
If yes, do you take Metformen/Glucophage or any medication containing it? Yes No
If yes, when was your last dose? _____

CONSENT FOR INTRAVENOUS ADMINISTRATION OF CONTRAST MATERIAL:

Your physician has requested that an MRI be performed, which will necessitate the injection of a contrast media intravenously into your body. As with any medical procedure, the administration of IV contrast carries some risks, of which you should be informed. Your doctor is aware of these risks and has determined that the benefits of diagnostic information, including the injection outweighs the potential risks of the procedure. In this procedure, a needle is introduced into a vein, usually in your arm or hand. Through this needle, contrast will be injected that will enable us to see an area of interest on the CT scan. Most patients experience no usual side effects or complication from the contrast injection. However, as with any medical procedure, some risk is involved. During the injection of contrast, you may feel a warm sensation or nausea. Some patients may react with itching and/or hives, swelling of the eyes and lips, sneezing or difficulty breathing. If this occurs, the radiologist or technologist will administer a medication to counteract the allergic reaction. In rare instances, more serious complications can occur, including shock, convulsions, kidney failure and cardiac arrest. Should any of these reaction occur, immediate medical attention may be necessary, including surgery. Fatal complication are rare with this procedure.

PATIENT CONSENT:

I confirm that the information I have provided is complete and accurate to the best of my knowledge.

My doctor has discuss with me the need for the procedure described and its importance for my care. I have been given an opportunity to ask pertinent questions and all questions have been answered to my satisfaction. I have read, understood, and hereby give consent to perform the procedure described above, using contrast materials and to render any further care and treatment that may become necessary in the course of having this procedure.

_____ _____ _____
Patient Signature/Parent or Guardian if patient is a minor Date Witness

Sun View Imaging Services complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.