CONSENT FOR CONTRAST MATERIAL INJECTION

Your doctor has scheduled you for an X-Ray Examination that requires an injection of a contrast material (dye) into your bloodstream. The contrast material shows up on X-Ray film, CT Scan & MRI images. It provides more information to help interpret the examination.

The contrast material is injected into a vein through a small needle placed on the back of the hand, forearm or elbow. It is considered safe, but any injection carries a slight risk of harm. These risks may include [1] injury to a nerve, artery, or vein, and [2] risk of infection / reaction to the material (dye) being injected. Occasionally, a patient may have a mild reaction to the material (dye) and develop sneezing or hives. More serious reactions generally occur once in every 1,000 cases. The Radiology Department's physicians and staff are trained to treat these reactions. Very rarely (generally once in every 40,000 cases), death occurs due to contrast material injection. This risk of death from contrast material injection is similar to the risk of taking penicillin.

High risk patient types are listed below:

- [ ] DIABETES
- [ ] ASTHMA
- [ ] SICKLE CELL
- [ ] PREGNANT or BREAST FEEDING
- [ ] HEART DISEASE
- [ ] KIDNEY DISEASE
- [ ] MULTIPLE MYELOMA
- [ ] HYPERTENSION (High Blood Pressure)
- [ ] BLOOD DISEASE
  Type: ______________________
- [ ] ALLERGIES
  To What: ___________________
- [ ] PREVIOUS REACTION to X-Ray Contrast Material
  When: _____________________

PART OF THE MEDICAL RECORD
I HAVE READ THE INFORMATION PROVIDED, HAD MY QUESTIONS ANSWERED, AND CONSENT TO THE ADMINISTRATION OF CONTRAST MATERIAL.

SIGNATURES

SIGNATURE: PATIENT / GUARDIAN / AGENT

PRINT NAME: PATIENT / GUARDIAN / AGENT

WITNESS

TECHNOLOGIST

PHYSICIAN AUTHORIZING CONTRAST

C L I N I C A L S

ER / IN PATIENT

BLOOD PRESSURE _________ / _________

BUN _________

CREATININE _________

PT _________ Seconds

INR RATIO _________

PTT _________ Seconds

RATIO _________

PLATELETT _________

HEMOGLOBIN _________

HEMATOCRIT _________

EXAM:

REASON FOR EXAM:

COMMENTS:

PART OF THE MEDICAL RECORD