

CONSENT FOR CONTRAST MATERIAL INJECTION

RADIOLOGY DEPARTMENT

Your doctor has scheduled you for an X - Ray Examination that requires an injection of a contrast material (dye) into your blood stream. 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:

CHECK ALL THAT APPLY TO YOU

- | | |
|--|---|
| <input type="checkbox"/> DIABETES | <input type="checkbox"/> MULTIPLE MYELOMA |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> HYPERTENSION (High Blood Pressure) |
| <input type="checkbox"/> SICKLE CELL | <input type="checkbox"/> BLOOD DISEASE
Type: _____ |
| <input type="checkbox"/> PREGNANT -or-
BREAST FEEDING | <input type="checkbox"/> ALLERGIES
To What: _____ |
| <input type="checkbox"/> HEART DISEASE | <input type="checkbox"/> PREVIOUS REACTION to
X - Ray Contrast Material
When: _____ |
| <input type="checkbox"/> KIDNEY DISEASE | |

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

DATE

PRINT NAME: PATIENT / GUARDIAN / AGENT

MEDICAL RECORD #

WITNESS

DATE

TECHNOLOGIST

SERVICE DATE / TIME (Military)

Has the contrast material been given in the last 24 hours ?

YES

NO

Has patient had a MRI or CAT Scan before current date of service ?

YES

NO

PHYSICIAN AUTHORIZING CONTRAST

DATE

CLINICALS

ER / IN PATIENT

BLOOD PRESSURE _____ / _____

BUN _____

CREATININE _____

DATE LAB VALUES OBTAINED

PT _____ Seconds

INR RATIO _____

PTT _____ Seconds

RATIO _____

ACTIVITY _____

PLATELETT _____

HEMOGLOBIN _____

HEMATOCRIT _____

EXAM:

REASON FOR EXAM:

COMMENTS:

PART OF THE MEDICAL RECORD