



## PATIENT CONSENT FOR INTRAVENOUS CONTRAST MATERIAL

Your physician has scheduled you for an x-ray examination that requires an injection of a contrast media into your bloodstream. The contrast media, or “dye” provides the radiologist with a better image when interpreting CT scans or x-rays.

The contrast media is injected through a small needle placed in a vein in much the same manner as when blood is drawn for laboratory studies (usually inside of your elbow or back of your hand). In most instances, contrast media is considered quite safe; however, any injection carries a slight risk of harm, which could include injury to a nerve/artery/vein, infection or reaction to the material being injected. Occasionally a patient may have a mild reaction to the contrast agent and will develop sneezing or hives. Uncommonly (one in 2,500 cases) a serious reaction to the contrast may result. The physicians and staff at Commonwealth Medical Group Imaging Center are trained to respond to these reactions. In extremely rare instances (one in 400,000) death has occurred relating to administration of contrast media. Commonwealth Medical Group Imaging Center has elected to use a different “low osmolar:” or “non-ionic” contrast media, which does appear to have a lower incidence of reactions. It is important to note that these newer agents are not absolutely free of reactions.

Patients at higher risk for adverse effects of contrast may include those listed below. Please answer the following:

- | No                       | Yes                      |                                                                                                                            |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. I have previously experienced a moderate or severe “allergy-like” reaction to contrast media.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. I have severe allergies or asthma.                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. I have severe heart disease.                                                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. I have multiple myeloma, sickle cell disease, polycythemia, or pheochromocytoma.                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. I have severe kidney disease, particular caused by diabetes.                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. I have a sensitivity to iodine (i.e., shellfish, shrimp, etc.).                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. I am pregnant or there is a possibility of pregnancy at this time.                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. I am presently taking glucophage (metformin hydrochloride).<br>If yes, have you ceased glucophage in the past 48 hours? |

I have read and understand the above information and have had my questions answered.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Signature of Parent (if patient is a minor)

\_\_\_\_\_  
Signature of Witness

Patient's Name

\_\_\_\_\_  
Please Print