



CT Contrast Consent Form

Thank you for choosing Bear MRI and Imaging Center for your diagnostic imaging needs. Your physician has requested that you have an X-ray examination that requires the administration of an iodinated contrast agent. It is our practice to provide you with pertinent information regarding your exam.

This iodinated contrast agent, also known as contrast medium or dye, produces enhanced visibility of certain structures that appear on your X-ray or CT scan. This solution circulates through the body and is excreted by the kidneys. Soon after the injection of the contrast agent, you may experience a warm, flush sensation, probably first in your head and face and then in other parts of your body. This sensation should quickly fade.

The contrast agent is administered through a small needle placed in a vein or joint. The contrast agent is safe; however any such injection is associated with a slight risk of harm, including injury to a vein, artery or overlying skin, as well as a slight risk of infection or abnormal reaction to the contrast agent. A mild reaction to the contrast agent could be sneezing or hives.

There are certain groups of patients that may be at greater risk for developing a significant reaction (anaphylactic shock or kidney malfunction, for example) to the contrast agent, though this is not a common occurrence. In addition, the contrast agent to be administered is non-ionic or low-osmolar contrast, which reduces the risk of a significant reaction. If you have any questions or concerns please feel free to speak with the Radiologist or Technologist before signing the consent form.

Please answer the following questions:

1. Have you had a previous reaction to the injection of iodinated contrast material? Yes No
2. Do you have asthma and/or use an inhaler? Do you have hay fever or allergies? Yes No
3. Do you have any known cardiac (heart) dysfunctions, such as heart disease, Congestive Heart Failure, arrhythmias, unstable angina pectoris or a recent Heart attack? Yes No
4. Do you have renal (kidney) failure? Yes No
5. Do you have Sickle Cell Anemia? Yes No
6. Are you pregnant, possibly pregnant or breast feeding? Yes No
7. Are you diabetic? Yes No
 - a. If Yes: Do you take medication to control your diabetes Yes No
8. Do you have a history of multiple myeloma? Yes No

I, _____, understand the procedure and give permission for the examination to be performed and for contrast material to be used. If any unforeseen conditions arise during the course of the procedure, I hereby authorize Bear MRI and Imaging Center and its medical and professional staff to perform any necessary procedures in order to treat the condition.

Signature of Patient or Guardian Giving Consent: _____ Date: _____

Printed Name of Patient or Guardian Giving Consent: _____

Signature of Technologist: _____ Date: _____