

Prestonwood Imaging Center

Consent for Contrast Material Injection

Name: _____

DOB: _____

Your physician has scheduled you for an examination that requires the injection of a contrast agent into your bloodstream. This contrast assists the Radiologist to interpret the exam.

The contrast material is injected through a small needle placed into a vein. Normally, contrast is considered quite safe. However, any injection carries a slight risk of harm including: infection, injury to a nerve, artery, or vein, or reaction to the contrast being injected. Occasionally, a patient will have a mild reaction to the contrast and develop sneezing or hives. The incidence of a serious reaction (anaphylactic shock or impaired renal function) is only about 4 in 10,000. In extremely rare cases, death has occurred (currently reported at 1 in 130,000 or 0.00076 %). Certain patients are at a higher risk for a reaction. In order to help us determine your risk factor, please answer the following questions to the best of you knowledge.

Have you ever had a previous imaging study which required the use of an intravenous contrast material (x-ray dye, IVP, iodine)? YES / NO

Have you ever had a previous reaction to contrast material? YES / NO
If so, please briefly describe: _____

Do you have any kind of allergies including asthma or hay fever? YES / NO
If so, what are you allergic to? Please list below:

Food: _____

Medications: _____

Environmental: _____

Do you have known kidney disease? YES / NO

Do you have high blood pressure? YES / NO

Do you have heart disease? YES / NO

Do you have multiple Myeloma? YES / NO

Do you have Sickle Cell Anemia? YES / NO

Do you have Diabetes? YES / NO

If yes, what diabetic medication do you take? _____

I have answered the above questions to the best of my ability and give my consent for the use of intravenous iodinated (containing iodine) contrast material.

Patient's Signature: _____

Date: _____